€2001 UNIFORM BUSINESS REPORT (UBR)

Principal Roce of Business IIS BOCA CREAR RE MARCEN ADDRESS Selle, April 4, etc. Do Not Writte IN THIS SPACE City & State C	DOCUMENT # P0000007627 1. Entity Name NANCY CANNING P.A.					May 03, 2001 8:00 a Secretary of State 04-10-2001 90088 032 ***150.00			
Sulfie, Apt. 6, etc. City & State City & FL City & State City & FL City & FL	119 BOCA CIEGA DR. 119 BOCA CIEGA DR.				à l'adminut du maint daith daith daith dheile agus abhle iagus dheil àbhl iagus				
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SP-3624707 St. Country Sp	Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN T	'HIS SPACE '		
### Standards of Standards of Standards	City & State		City & State						
CANNING, NANCY 119 BOCA CIESA DR. MADERA BEACH FL 33708 City FL Zip Code City City City FL Zip Code City City City City FL Zip Code City City City City FL Zip Code City Cit	Zip	Country	Zip	Country	$\neg \neg$				
CANNING, NANCY 119 BOCA CIEBA DR. MADERA BEACH FL 33708 City FL Zip Code		6. Name and Address of Current F	egistered Agent	Namo	7. 1	lame and Address of New Registe	red Agent		
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to eatiefy its intangible Tax fling requirement and elects to do so (See or criters on bock) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE WALE STRET ADDRESS CITY-SI-IP TILE Delate TILE MAKE STRET ADDRESS CITY-SI-IP TILE Delate TILE Delate TILE Delate TILE Delate TILE Delate TILE Delate TILE MAKE STRET ADDRESS CITY-SI-IP TILE Delate TILE Delate TILE Delate TILE Delate TILE Delate TILE Delate TILE MAKE STRET ADDRESS CITY-SI-IP TILE Delate TILE MAKE STRET ADDRESS CITY-SI-IP TILE Delate TILE MAKE STRET ADDRESS CITY-SI-IP TILE Delate TILE De	119 BOCÁ CIEGA DR.				و المراجع المسيد الرسيم في المساولة المستقبلة المستقبلة المستوانية المستوانية المستوانية المستوانية المستقبلة المستقبلة المستوانية المستوانية المستقبلة المس				
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NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corportation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 11 or Block 12 it changed, or on an attachment withran address, with all other like empowered.	NAME STREET ADDRESS		Delate	NAARE STREET ADDRESS			☐ Change	Addition	
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