

FILED
Feb 03, 2003 8:00 am
Secretary of State

DOCUMENT # P00000030723

The seal of the State of Florida is a circular emblem. It features a central figure of a woman, likely representing Justice or Liberty, holding a scale and a sword. The background includes a landscape with a palm tree and a body of water. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

Mailing Address
1580 SAWGRASS CORP PKWY
SUITE 130
SUNRISE FL 33323

3. Mailing Address
7302 NW 64th Ct.
Suite, Apt. #, etc.

City & State
Tamarac, FL

Zip	33321	Country	USA
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4. FEI Number **65-0986263**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOLLENBERGER, LORI E
1580 SAWGRASS CORP
SUITE 130
FORT LAUDERDALE FL 33323

Name _____

Street Address (P.O. Box Number is Not Acceptable)

7302 NW 64th Ct.

City Tamarac

FL

Zip Code
3332

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Wm. S. Shuler, Jr.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SHOLLENBERGER, LORI E	
STREET ADDRESS	7302 NW 64TH CT	
CITY - ST - ZIP	TAMARAC FL 33321	

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS	
CITY - ST - ZIP	

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

12. I hereby certify 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-03 (954) 205-1321

Date _____

Daytime Phone #

CR2E034 (10/02)