1. Entity Nan KARR D		C.IC.	•		• •	I Mar 06	FILE:	D 1 8:00	am
Principal Place of Business 4006 BISHOP CIRCLE LABELLE FL 33935		Mailing Address * BORRO TAX ASSOCIATES 2408 LINWOOD AVENUE, SUITE 8 NAPLES FL 34112			Mar 06, 2001 8:00 an Secretary of State 02-06-2001 90250 032 ***150.00				e
2. Principal Place of Business		3. Mailing Address					**	51177 57517 7557 155 7	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE I	N THIS SPACE		
City & State		City & State			4. FEI Number Applied For Not				
Zip Country		Zip Country		гу	5. Certificate of S		r⊐ \$8.7	5 Additional equired	7
	6. Name and Address of Curren	t Registered Agent			7. Name and Add	dress of New Reg	istered Agent		<u> </u>
				Name					7.7
4006	r , roel Bishop Circle Elle Fl 33935			Street Address (F	O. Box Number is	Not Acceptable)	····		=
	LIII 1 1 00000			· ·		· · · · · · · · · · · · · · · · · · ·			_
		- · · · · · · · · · · · · · · · · · · ·		City	<u></u>		FL Zip	Code	
8. The above	named entity submits this statement f	for the purpose of changing i	its registered	d office or registere	d agent, or both, in	the State of Florid	a.		
SIGNATURE .	Signature, typed or printed name of registered agen	nt and title if applicable. (NC	OTE: Registered	Agent signature required	han reinstating)		DATE		
Tax filing o	oration is eligible to satisfy its Intangible requirement and elects to do so.		2001 Fee v	IS \$150.00	Trust F	ก็ Campaign Financ und Contribution.	· — ·	\$5.00 May Be Added to Fees	
11.	OFFICERS AND		12.			NGES TO OFFICE	RS AND DIREC	TORS IN 11	4
TITLE NAME	PD Karr, Regino	☐ Delete	TITLE NAME				□ Ch		CR2E034 (10/00)
STREET ADDRESS CITY-ST-ZIP	1052 LILIAN STREET LABELLE FL 33935	•	STREET CITY-S	T ADORESS ST-ZIP					E034
TITLE NAME	VTD KARR, ROEL	☐ Delete	TITLE				☐ Ch	ange Addition	18
STREET ADDRESS CITY-ST-ZIP	4006 BISHOP CIRCLE LABELLE FL 33935		NAME STREET CITY-S	T ADDRESS					
TITLE 1	VSD KARR, REYNOL G	☐ Delete	TITLE				☐ Cha	inge Addition	1
STREET ADDRESS CITY-ST-ZIP	4009 W. SUN FLOWER CIR. LABELLE FL 33935		NAME STREET CITY-S	T ADDRESS ST-ZIP	· · · · · · · · · · · · · · · · · · ·	_ 		······································	
IITLE		Delete	MIE					ange Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET CITY-S	ADORESS ST-21P	•				
TITLE NAME		☐ Delete	TITLE				Cha	nge Addition	
STREET ADDRESS CITY-ST-ZIP				ADDRESS ST-ZIP					
TITLE	,	☐ Delete	TITLE		·		☐ Cha	nge	1
NAME STREET ADDRESS CITY-ST-ZIP		•	NAME STREET CITY-S	ADDRESS T-2ip					
OI THE CON	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address.	iowetea to execute this repor	or the exemple my signature of as required	ption stated in Sec re shall have the sa	on 119.07(3)(i). Flo ne legal effect as i lorida Statutes; an	orida Statutes. I furt f made under oath; d that my name ap	her certify that that I am an of pears in Block	the Information ficer or director 11 or Block 12 if	
SIGNAT	URE: X SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER	R OR DIRECTOR	R		Date 0 1	O Derysame Phos		