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APLES FL 34117  APLES FL 34117  APPLES F	Principal Plac	ce of Business	Mailing Address	<u> </u>	01-13-2001 90063 016 ***150.00	
Suite Apt. #, etc.    Suite Apt. #, etc.   Suite   Sui						
City & State  City & State  City & State  Country  Country  Country  Country  Country  S. Certificate of Status Desired  S. R. 75 Acceptable  For Engagement  FREDERICK, JEFFREY H 2240 21ST ST. SW  NAPLES FL 34117  City  FL  Zio Code  Sheet Address of New Registered Agent  Name  Sheet Address of New Registered Agent  Name  Sheet Address of New Registered Agent  Name  City  FL  Zio Code  Sheet Address (P.O. Box Number is Not Acceptable)  City  FL  Zio Code  FL  Zio Code  Sheet Address of New Registered Agent  City  FL  Zio Code  Sheet Address of New Registered Agent  City  FL  Zio Code  Sheet Address (P.O. Box Number is Not Acceptable)  FL  Zio Code  FL  Zio Code  Sheet Address (P.O. Box Number is Not Acceptable)  FL  Zio Code  FL  Zio Code  After MAY 1, 2011 Fee will be \$550.00  Aft	2. Principal P	Place of Business	3. Mailing Address			
S. Cartificate of Status Desired   S. Cartificate of Status Desired   S. 75 Againoral For People of Peop	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
Security   Security   Security   Security   Security   Securitions of Status Deleter   Set. 75 Additional Fee Repopting	City & Stat	te	City & State	· ·		I
FREDERICK, JEFFREY H 2240 21ST ST. SW NAPLES FL 34117  City FL Zip Code  City FL Zip	Zip	Country	Zip	Country	5. Cartificate of Status Desired S8.75 Additional	Ī
FREDERICK, JEFFREY H 2240 2 IST ST. SW NAPLES FL 34117  City FL Zip Code  City Fl Zi		6. Name and Address of Current	Registered Agent			
SIGNATURE  Survivior, typed or printed name of registered agent and lafe if applicable. (NOTE: Registered Agent signature regularied whom nonditating)  Philis corporation is, efficiate to satisfy its Initiagnible. Tax filting requirement and elects to do so. (See criteria on back)  This corporation is, efficiate to satisfy its Initiagnible. Tax filting requirement and elects to do so. (Make Check Payable to Department of State)  Make Check Payable to Department of State  Trust Fund Contribution. (In the Addition of State)  Trust Fund Contribution. (In the	2240	21ST ST. SW		Street Addres		
Tax filing requirement and elects to do so (See criteria on back)  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  Trust Fund Contribution.			,			
TILE AME TREET ADDRESS TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE AMA TREET ADDRESS TY-ST-ZIP TILE TY-ST-ZIP TY-ST-	Tax filing t	requirement and elects to do so.	After MAY 1, 2	001 Fee will be \$550.0	Trust Fund Contribution.	-
AME TREET ADDRESS TREFT ADDRESS TREET ADDRES	1.			<del></del>		∂
STEFFEN, ANDREW J 2240 21ST ST. SW NAPLES FL 34117  TILE AME AME AME TREET ADDRESS TRY-ST-ZIP	AME TREET ADDRESS	FREDERICK, JEFFREY H 2240 21ST ST. SW	☐ Delete	NAME STREET ADORESS	☐ Change ☐ Addition	E034 (10/00)
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NAME TREET ADDRESS TREET ADDRESS CITY-ST-ZIP Change Addition NAME NAME TREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME TREET ADDRESS TREET ADDRESS CITY-ST-ZIP CTITY-ST-ZIP CTITY-ST-ZIP	ame Treet address		☐ Delete	NAME STREET ADDRESS -	☐ Change ☐ Addition	<u>.</u>
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3. 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE  Daytime Phone #	indicated of the cor changed,	I on this report or supplemental report is poration or the receiver or trustee empre, or on an attachment with an address, URE:	s true and accurate and that in owered to execute this report with all other like empowered	my signature shall have the tas required by Chapter 6	the same legal effect as it made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	