DOCU	MENT# P	00000	097840				FILED	49	r.	0086132
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217 N LOIS			Mailing Address 217 N LOIS AVENUE	=:		01	DEC 17 PI	4 4: 0	0	
TAMPA FL 3	3609		TAMPA FL 33609							
2. Principal I	Place of Business	1	3. Mailing Address		-	_			8(8))	
Suite, Apt	. #, etc.		Suite, Apt. #, etc.		RE	INSTATE	MULETIVITHIS SEV	ace <i>O</i>		
City & Sta	te		City & State		4 . F	El Number			oplied For ot Applicable	}
Zip	Country	*		Country	5. 0	Certificate of Status Desire		3.75 Add	ditional	
	6. Name and Address	of Current Re	gistered Agent	Nome	7. N	Name and Address of Ne	w Registered Age	ent		1
FARMER,	CRAIG J			Name						
217 N LOIS AVENUE				- Street-Ad	dress (P:O. B	Box Number is Not Accept	able)			-
TAMPA F	L 33609									
				City			FL	Zip Cod	е	
3. The above	e named entity submits this s	atatamant for th								7
	~/1	staternent for tri	e purpose of changing its	registered office or r	egistered age	ent, or both, in the State of	f Florida.			
	Signature Loggor printed name of re						of Florida.	•		
1		egistered agent and t	itle if applicable. (NOTE	registered office or r E: Registered Agent signature !! FEE IS \$550.00	e required when rei	instating)	DATE			-
9. This corp	Signature Legor printed name of re- oration is eligible to satisfy it requirement and elects to de ria on back)	egistered agent and t	itle if applicable. (NOTE	E: Registered Agent signature!! FEE IS \$550.00	e required when rei		DATE Tinancing		0 May Be	
9. This corp Tax filing (See crite	oration is eligible to satisfy it requirement and elects to di rria on back)	egistered agent and t ts Intangible lo so.	FILE NOW! After September 12 Make Check Payab	E: Registered Agent signature !! FEE IS \$550.00 :, 2001 Fee will be ple to Department 12.	required when rei	instating) 10. Election Campaigr	DATE Financing ution.	Added	to Fees S IN 11	(-
9. This corp Tax filing (See crite	oration is eligible to satisfy it requirement and elects to d ria on back)	registered agent and to ts Intangible to so.	FILE NOW! After September 12 Make Check Payab	E: Registered Agent signature !!! FEE IS \$550.00 t, 2001 Fee will be ble to Department	required when rei	10. Election Campaigr Trust Fund Contrib DITIONS/CHANGES TO 0	DATE This Financing ution. DEFICERS AND DI THE	Added RECTOR: Change 140	S IN 11 Addition O1	34 (5/01)
9. This corp Tax filing (See crite 11. TILE IAME ITREET ADDRESS ITY-ST-ZIP	oration is eligible to satisfy it requirement and elects to diria on back) OFFI D FRAMER, CRAIG J	registered agent and to ts Intangible to so.	FILE NOW! After September 12 Make Check Payab	E: Registered Agent signature !! FEE IS \$550.0i ., 2001 Fee will be ole to Department 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	required when rei	10. Election Campaigr Trust Fund Contrib DITIONS/CHANGES TO 0	DATE 1 Financing ution. DEFICERS AND DI 1 7 5 1 0 0 9/02 010 750.00 **	Added RECTOR: Change 140 ***75	S IN 11 Addition 01 01 0.00	R2E034 (5/01)
9. This corp Tax filing (See crite 11. ITLE IAME STREET ADDRESS	oration is eligible to satisfy it requirement and elects to diria on back) OFFI D FRAMER, CRAIG J 217 N LOIS AVENUE	registered agent and to ts Intangible to so.	FILE NOW! After September 12 Make Check Payab	E: Registered Agent signature !! FEE IS \$550.00 t, 2001 Fee will be ple to Department 12. TITLE NAME STREET ADDRESS	required when rei	10. Election Campaigr Trust Fund Contrib DITIONS/CHANGES TO 0	DATE 1 Financing ution. DEFICERS AND DI 1 7 5 1 0 0 9/02 010 750.00 **	Added RECTOR: Change 140 ***75	S IN 11 Addition O1	CR2E034 (5/01)
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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 coorporation or 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 ADVICED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Designed Phone #