2002 Uniform Business Report (UBR)

SIGNATURE: _

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name Steve G. Bonin Street Address (P.O. Box Number is Not Acceptable) 8. The above name of entity submits this statement for the purpose of chapping its registered office or registered agent, or both, in the State of Florida. 8. The above name of entity submits this statement for the purpose of chapping its registered office or registered agent, or both, in the State of Florida. 8. The above name of entity submits this statement for the purpose of chapping its registered office or registered agent, or both, in the State of Florida. 8. The above name of entity submits this statement for the purpose of chapping its registered Agent signature required with remaining) 8. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 8. The ADDRESS CITY-SI-ZIP 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 8. The ENDWILL FEE IS \$150.00 8. The above name of englistered Agent signature required with remaining) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 8. The ADDRESS CITY-SI-ZIP 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 8. The above name of englistered Agent signature required with remaining) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 8. The above name of englistered Agent signature required with remaining) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 8. The above name of englistered Agent signature required with remaining to both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible Tax filing required Agent signature required a	Apr 09, 2002 8:00 am Secretary of State 04-09-2002 91176 009 ***150.00					UMENT # P00000117283 Name INC.					
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6. Name and Address of Current Registered Agent ROOKS, MARVIN E 213 W. COMSTOCK AVE. WINTER PARK FL 32789 City Ocoe FL Zip Code Signature speed or printed name of registered agent and title in applicable. SIGNATURE Square speed or printed name of registered agent and title in applicable. (NOTE: Registered Agent speed or printed name of registered agent and elects to do so. (See criteria on back) TILE MAME SIREET ADDRESS CITY-ST-ZIP Delete ROOKS, MARVIN E 213 W. COMSTOCK AVE. WINTER PARK FL 32789 City Ocoe FL Zip Code TL Zip Code T	nal	8.75 Additiona	\$8.7			Country	Zip	Country		Zip	
ROOKS, MARVIN E 213 W. COMSTOCK AVE. WINTER PARK FL 32789 City Ocoee FL Zip Code Signature Signature typed or printed name of registered agent and title 1 applicable. (NOTE: Registered Agent signature required when reinstanting) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete Street Address (P.O. Box Number is Not Acceptable) City Ocoee FL Zip Code Type Code The Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Road City Ocoee FL Zip Code Type Code The Street Address (P.O. Box Number is Not Acceptable) NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete Delete TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP Delete TITLE Street Address (P.O. Box Number is Not Acceptable) Not Acceptable is Not Acceptable in				Name and Address of New Registe	7. N		gistered Agent	d Address of Current Reg	6. Name an		
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. SIGNATURE Signal M. typed or printed name of registered agent and title in applicable. 10. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE NAME STREET ADDRESS CITY-ST-ZIP 11. Delete 11. Delete 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE NAME STREET ADDRESS CITY-ST-ZIP 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE NAME STREET ADDRESS CITY-ST-ZIP 11. Delete 11. Delete 11. TILLE NAME STREET ADDRESS CITY-ST-ZIP 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE NAME STREET ADDRESS CITY-ST-ZIP 11. Delete 11. Delete 11. Change 12. Change 13. Change 14. Change 15. OFFICERS AND DIRECTORS IN TILLE NAME STREET ADDRESS CITY-ST-ZIP 11. Delete 11. Change 12. Change 13. Change 14. Change 15. OFFICERS AND DIRECTORS IN TILLE NAME STREET ADDRESS CITY-ST-ZIP 11. Change 12. Change 13. Change 14. Change 15. OFFICERS AND DIRECTORS IN TILLE NAME STREET ADDRESS CITY-ST-ZIP 17. Change 17. Change 18. Change 19. Change 10. Election Campaign Financing Trust Fund Contribution. 11. Change 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE NAME STREET ADDRESS CITY-ST-ZIP 11. Change 12. Change 13. Change 14. Change 15. OFFICERS AND DIRECTORS IN TILLE Change 16. Change 17. Change 17. Change 18. Change 18. Change 19. Change 19. Change 19. Change 19. Change 10. Change 10. Change 10. Change 10. Change 11. Change 11. Change 12. C		oad	n e Ro	- G. Bonin	Steve	Street A			COMSTOCK AV	213 W. C	
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