2002	2 UNIF	ORM BU	SINESS REPO	Řť(UBR)	FILED Mar 18, 2002 8:00 an
1. Entity Nam	MENT :	, 0,,	000013656		Secretary of State 01-30-2002 90159 034 ***150.00
######################################		**************************************	<b>.</b>		
Principal Place of Business 409 EL DESTINADO TALLAHASSEE FL 32312			Mailing Address 409 EL DESTINADO TALLAHASSEE FL 32312		A LEGATION LEIL AGNOLLEIU VON TÜMLE DEUTS DEUTS ANNA DEUTS ANNA DEUTS ANNA DEUTS ANNA DEUTS ANNA DEUTS ANNA DE
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.	<u>_</u> _	DO NOT WAITE IN THIS SPACE
City & State			City & State		4. FEI Number   Applied For   Not Applicable
Zip		Country	Zip	Country	5. Certificate of Status Desired Serviced Fee Required
		nd Address of Curi	rent Registered Agent .	Name	7. Name and Address of New Registered Agent
KLEIN, TH	OMAS A		••	Street Addres	ress (P.O. Box Number is Not Acceptable)
409 EL DE TALLAHAS ELLUT OCC	SSÉE FL 323	12		City	FL Zip Code
8. The above	named entity	submits this stateme	nt for the purpose of changing its	<u> </u>	rgistered agent, or both, in the State of Florida.
SIGNATURE.	Signature, typed or	printed name of registered a	agent and title if applicable. [NOT	E: Registered Agent signature requ	required when reinstating) OATE
				111. FEE 16 \$150.00 102 Fee will be \$550.0 ble to Department of S	7.00 Trust Fund Contribution. Added to Fees
11.		OFFICERS /	AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, THO 409 EL DES TALLAHASS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 600
TITLE NAME STREET ADDRESS			□ Detete	TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition ☐ 5
CITY-ST-ZIP  TITLE  NAME	:		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS*				STREET ADDRESS CITY-ST-ZIP	
TITLE NAME			☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	^ ~=-			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	<u> </u>   		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addilion
13. I hereby of indicated of the corchanged	certify that the fon this report rporation or the , or on an attac	information supplied or supplemental rep receiver or trustee or chment with an aetire	with this filing does not qualify fo ort is true and accurate and that empowered to execute this repor- tes, with all other like employered	r the exemption stated in my signature shall have the as required by Chapter in	in Section 119.07(3)(i), Florida Statutes. I further certify that the information e the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if
SIGNAT	TURE: _	SIGNAL SIGNATURE AND THE	OR PRINTED NAME OF SIGNING OFFICER	M	homas HERTL 1/14/02