

FILED
Aug 27, 2007 8:00 am
Secretary of State

DOCUMENT # P01000051848



Mailing Address

19112 TOLEDO BLADE
MURDOCK, FL 33948

3. Mailing Address

19112 Cochran Blvd

Suite, Apt. #, etc.

City & State
Port Charlotte, FL

Country
Charlotte

Zip
33948

Country
Charlotte

CR2E034 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Maunz

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature (typed, printed name of agent) _____ (if applicable)

(NOTE: Registered Agent Signature required when remitting)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ **Değer**☐ Delete

02/03/20

☐ Delete☐ Delete☐ Delete

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Dealing Power: ■