

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # P01000067516



Mailing Address  
3390 W. MARITANA DR., #3  
ST. PETE BEACH FL 33706

3. Mailing Address  
2 ALHAMBRA ST  
Suite, Apt. #, etc.

City & State  
ST PETE BEACH FL

Zip  
33706

Country  
USA

Applied For
Not Applicable

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

7- Name and Address of New Registered Agent

Zip Code

DATE \_\_\_\_\_

**9. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**SIGNATURE:**

**SUBJECT RECEIVED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16/03 7273600127  
Date Daytime Phone #