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PO1000084483

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

100007828951--8 -09/18/02--01054--014 ****105.00 *****35.00

SUBJECT: FMIS (FLORIDA MANAGEMENT & INVESTMENT SERVICES) INC.		
(Name of corporation)	,	
DOCUMENT NUMBER: P01000084483	•	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fi	iling.	
Please return all correspondence concerning this matter to the following:		
Uta S. Grove		
(Name of person)		
Uta S. Grove, P.A.	·	
(Name of firm/company)	02 S	energy en
2451 McMullen Booth Rd. #231	SEP 18	
(Address)		i i
Clearwater, FL 33759	E P	
(City/state and zip code)	1: 21 STAT LORI	
For further information concerning this matter, please call:	I PA	
Uta Grove at (727) 669-5880	-	
(Name of person) (Area code & daytime telephone number)		

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(07/02)

PS 9/25/02
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↑ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	f change is submitted	ons 607.0502, 617.0502, 607.1508, or 617.1508, I for a corporation organized under the laws of the nange its registered office or registered agent, or t	State of
of Florida		IS (FLORIDA MANAGEMENT & INVESTMENT SERV	, , , , , , , , , , , , , , , , , , ,
		1 McMullen Booth Rd. #231, Clearwater, FL 33759	AHASSI AHASSI
3. The mailing	address (if different):		PH : 2%
4. Date of incor	poration/qualificatio	n: 08/27/2001 Document number: Po	01000984483
	rtment of State:	e current registered agent and registered office on f	ile with the
	Anilkumar G. Tijoriv	vala	_
	1018 Faircloth Ct.		_
	Oviedo, FL 32765-7	7024	_
6. The name a changed):	nd street address of Uta S. Grove, P.A.	the new registered agent (if changed) and /or reg	gistered office (if
	2451 McMullen Boo	th Rd, #231	
	Clearwater, FL 3375	P.O. Box or personal mailbox NOT acceptable)	
The street addragent, as change	ress of its registered ged will be identical.	office and the street address of the business office	of its registered
Such change wanthorized by	he board, or the corp	plution duly adopted by its board of directors or be pration has been notified in writing of the change	y an officer so
Signature of an office	er, chairman or vice chairman	Gerlinde Kobold of the board) (Printed or typed name and title)	
Thereby accept I further agree performance of the p	t the appointment as to comply with the p f my duties, and I an nt. Or, if this docum I hereby confirm th	registered agent and agree to act in this capacity provisions of all statutes relative to the proper and in familiar with and accept the obligation of my po- tient is being filed merely to reflect a change in the at the corporation has been notified in writing of	a complete Ssition as e registered
W: ////A	Signature of Registered Agent	September 17, 2002 (Date)	
If signing on beha		, (=)	
Uta S. Grove	·····	President of Uta S. Grove, P.A.	
	(Tymed or Printed Name)	(Capacity)	-

* * * FILING FEE: \$35.00 * * *