روزید کستانشد کا

FILED Apr 14, 2003 8:00 am Secretary of State

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DOCUMENT # P0200006106 1. Entity Name JOSEPH P. MACEDA, JR. P.A.						03-19-2003 90112 049 ***150.00				
5227 SPIKE 1	ce of Business HORN DRIVE HCHEY FL 34653		Mailing Address 5227 SPIKE HORN DRIVE NEW PORT RICHEY FL 34653							
2. Principal I	Place of Business	3. Mailing Address				E AN MAINE DAY SHE WORLD CLINES DATHER DA	1861 44 191 4 1 0191 20 01	10 Altas ii ak	EOSEO DISTINUTE	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			7	CHECK HERE IF MAKING CHANGES				
City & State		City & State			4.	60 - 080 /	195	<u> </u>	pplied For ot Applicabl	le
Zip	Country	Zip Country		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current I	Registered Agent			7.	Name and Address of New F	Registered Ac	jent		
				a Name = /= / - / - / - / - / - / - / - / - /						
CORPOR	ATION SERVICE COMPANY			Larry C. schalles CPA						=
1201 HAY	'S STREET			Street Address	20	30x Number is Not Acceptable	e) 	·		_
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	named entity submits this statement for	the purpose of changing it	s register	ed office or registe	ered ag	ent, or both, in the State of Flo	orida. I am fai	niliar with,	and accept	
the obliga	tions of registered agent.	1 // 00								1
01011471/70	Farw C.	Achalles					4-8-	23		i
SIGNATURE	Signature, typed or printed name of registered agent a	nd utte if applicable. (NO	TE: Registere	d Agent signature require	ed when re	sinstating)	DATE -			.1
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	r May 1, 2003 Fee will be \$550.00			Ś		Trust Fund Contributio		Adde	to Fees	
Make Check	k Payable to Florida Department of	State	. 13					1	11.	
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12. I hereby o	certify that the information supplied with t	his filing does not qualify to	r the eyer	notion stated in Se	action 1	19 07(3)(i) Florida Statutos I	further certifu	that the in	formation	₫ '
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employment 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 gappowered.										
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