FILED Apr 22, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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DOCUMENT # P02000012414 1. Entity Name SEMINOLE MANOR REDEVELOPMENT CORP												
Principal Plac	e of Business	Mailing	Mailing Address			7	90100560					
1618 STANLEY AVE			1618 STANLEY AVE						,,,,,,,,	,,,,		
TALLAHASSEE, FL. 32310			TALLAH	TALLAHASSEE, FL 32310								
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2. Principal Place of Business			3. Mailin	3. Mailing Address								
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				_				
Suite, Apr. #3.010.				3.10, 7, 511				CHECK HERE IF MAKING CHANGES				
City & State			City &	City & State			4. FEI Number Applied For					1
									nt Applicable]		
Zip Country			Zip		ntry	5. C	ertificate of Status Desired	·	8.75 Add	ditional	1	
	S Name and	Address of Curren	t Desistered	Agent	-	T	7 N	ame and Address of New		ee Require	<u> </u>	-
	O. INSTITUTE STICE	1 WOODER OF COLLER	ir vediareien	Mail		Name	7. 14	alling and Address of Idags	uedistalen vi	April		-
	ROBERT W											
1618 STAN	ILEY AVE ISEE, FL 32310			Street Address (P.O. Box Number is Not Acceptable)								
IALLANAS	3LE, FL 32310	•				<u> </u>				<u> </u>		1
		.,								,]
	•*					City	•		FL	Zip Cod	e	
8. The above	named entity sut	omits this statement f	for the purpos	se of changing it	s register	ed office or registe	red age	nt, or both, in the State of f	lorida. I am fa	miliar with,	and accept	1
	tions of registered				_	_	_					Į
SIGNATURE											•	1
SIGNATURE	Signature, typed or pri	nied name of registered ager	ntand tille if applic	eble. (NO	TE: Registere	ы Аделі відпашле леціге	d when rein	stating)	DATE			
	EILE NOWILLE	EE IS \$150.00										1
Afte	r May 1, 2003 F	ee will be \$550.00))	Election Campaign F Trust Fund Contribut			May Be	
Make Check	k Payable to Fi	orida Department	of State					Trust Fund Contribut	ion.	Addec	to Fees	
10.	A TO STORY OF THE PARTY OF THE	OFFICERS AND	D DIRECTORS	S	11.		ADC	DITIONS/CHANGES TO OF	FICERS AND I	DIRECTOR	S IN 11	1
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12. I hereby	certify that the info	ormation supplied wit	th this filling de	oes not qualify fo	or the exe	mption stated in Se	ection 1	19.07(3)(i), Florida Statutes	. I further certif	y that the in	nformation]
of the cor	rporation or the re	céiver or trustee emp	powered to ex	xecute this repor	t as requi	iure snall have the ired by Chapter 60	same le 7, Florid	gal effect as if made unde la Statutes; and that my na	r oatn; that I an me appears in	n an officer Block 10 oi	or airector Block 11 if	
changed	l, or on an attachn	nent with an address	, with all other	rtike empowered	d .							1
SIGNAT		1						4/20/0)	? <	م دست	′2 5 '>	
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