

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # P02000100861



Mailing Address  
% SHELDON W. STARMAN, CPA  
4099 TAMiami TRAIL NORTH, FOURTH FLOOR  
NAPLES FL 34103

Suite, Apt. #, etc.  
Suite 201

X	Applied For
	Not Applicable

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

Name Sheldon W. Starman

Street Address (P.O. Box Number is Not Acceptable)  
4099 Tamiami Trail North

Suite 400

City Naples

SIGNATURE *Charles J. Harman* 4/22/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**SIGNATURE:** David G. Budd  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 (239) 263-7700

Date	Daytime Phone #
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CR2E034 (10/02)