• Make check payable to Florida Department of State

CHUITURISMI INALAO TIME

	3			FILED
				Mar 19, 2007 08:00 AM
	, , , , , , , , , , , , , , , , , , ,		COD WY	Secretary of State
· `	ce of Business	Mailing Address		Secretary of State
3161 BARBARA LANE HILLIARD FL 32046		3161 BARBARA LANE HILLIARD FL 32046		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, otc.		Suite, Apt. # etc.		
53.01,7 \$1. 7. 3.0		Carley, Apr. 47, clos.		1st MOORE CR2E034 (10/06)
City & State		City & Stato		4. FEI Number 81-0579824 Applied For
7				Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current	Registered Agent	1	7. Name and Address of New Registered Agent
*			Namo	
COX, JAMES D 3161 BARBARA LANE			Street Addres	s (P.O. Box Number is Not Acceptable)
	LIARD FL 32046			
			City	FL Zip Code
8. The above	p named entity submits this statement to	or the purpose of changing its re	aistored office or regis	-
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE				
Signature, typed or printed reme of registered agent and ride it applicable (NOTE Registered Agent signature remainting) DATE				
FILE NOW!!! FEE IS \$150.00				
After May 1, 2007 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
Make Check Payable to Florida Department of State				
10.	PVD OFFICERS AND	Defete Defete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	COX, JAMES D	Li Degete	NAMÉ.	U00000672581 Li Addinion
STREET ADDRESS	3161 BARBARA LANE		STREET ADORESS	000000672581 03/28/07-80074-024 150.00
CHY-SI-7IP	HILLIARD FL 32046		CIIY-SI-ZIP	
HIII.	ST COX, KATHERINE B	☐ Delete	11101	☐ Change ☐ Addition
NAME STREET ADDRESS	3161 BARBARA LANE		NAMI [;] · · · · · · · · · · · · · · · · · · ·	1
CITY-ST-ZIP	HILLIARD FL 32046		CHY-SI-ZIP	
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STREET ADDRESS CITY-ST-ZIP		- <u>-</u>	STRLET ADDRESS CITY-ST-ZIP	The state of the s
			JIRE	Change Addition
NAME.		Li Delete	NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-SI-ZIP			CHY-SI-ZIP	
IDIE.		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STELCT ADDRESS	
CHY-SI-ZIP			CITY-SI-ZIP	
TITLE,		☐ Delete	TOLE	Change Addilion
NAME			NAME	_
STREET ADDRESS			STREET ADDRESS	
CHY-SI-ZIP	portific that the information around and the	h this filling does not swell!	CHY-ST-7IP	Cooline (40 Florida Standard II al annual de la constanta de l
12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 offect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11				
of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 of Block 11 if changed, or on an attachment with an address, with all other like empowered.				

SIGNATURE: SIGNATURE AND TYPED OF