2004 FOR PROFIT CORPORATION ANNUAL REPORT

| GLATZ, DONALD STEPL ADDRESS 2515 E. COLONIAL DR. STEPL ADDRESS CITY-ST-ZP GRANDO, FL 32803 CITY-ST-ZP GLATZ, BARBARA GLATZ, BARBARA GLATZ, BARBARA GLATZ, BARBARA GLATZ, BARBARA GRANDO, FL 32803 CITY-ST-ZP GRANDO, FL 32803 CITY-ST-ZP GRANDO, FL 32803 CITY-ST-ZP GRANDO, FL 32803 CITY-ST-ZP CITY-ST-ZP GRANDO, FL 32803 CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP LE ME GRANDO, FL 32803 CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP LE ME GRANDO, FL 32803 CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP LE ME GRANDO, FL 32803 CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP LE ME GRANDO, FL 32803 CITY-ST-ZP LE ME GRANDO, FL 32803 CITY-ST-ZP CITY-ST-ZP LE ME GRANDO, FL 32803 CITY-ST-ZP CITY-ST-ZP LE ME GRANDO, FL 32803 CITY-ST-ZP LE ME GRANDO, FL 32803 CITY-ST-ZP LE ME GRANDO, FL 32803 CITY-ST-ZP CITY-ST-ZP LE ME GRANDO, FL 32803 CITY-ST-ZP LE ME GRANDO, FL 32803 CITY-ST-ZP CITY-ST-ZP LE ME GRANDO, FL 32803 CITY-ST-ZP LE ME GRANDO, FL 32803 CITY-ST-ZP LE ME GRANDO, FL 32803 CITY-ST-ZP C | Cool Piero of Bueness 15 E COLONIAL DR. 2515 E COLONIAL DR. 064 MDO, FL 32803 Principal Page of Bueness 15 E COLONIAL DR. 2516 E COLONIAL DR. 064 MDO, FL 32803 Principal Page of Bueness 3. Molling Address Suite, Apt. 4, etc. Suite, Apt. | | | . REPORT | | | _ | | SECRETARY | ED. | * 1 11 11 |
|---|--|---------------|--|---|-----------------------------------|---|--|---|--|--|---|
| The above named entity submiss like sessement for the purpose of changing for segulated aparts. Author Columb Col | The DOWN I Pack of Dusiness SECULONIAL DR. ANDO, P. 1 32003 Throighas Packs of Dusiness Sales Appl. 6 doc. Sales Appl. 7 doc. Sales Appl. 8 doc | | |)410 | | | | DIV | ISION OF C | ORPOR | IATE ATIONS |
| The COUNTAIL DR. 25 SE COLONAL DR. Suite Apt. 4, etc. Suite Apt | S. COLONAL DR. ANDO, FL 32803 ORLANDO, FL 32803 SITURDAY PLOCK OF DURINGS J. Mailting Addresses J. Mailting Ad | | | | | | | | | | |
| The COUNTAIL DR. 25 SE COLONAL DR. Suite Apt. 4, etc. Suite Apt | S. COLONAL DR. ANDO, FL 32803 ORLANDO, FL 32803 SITURDAY PLOCK OF DURINGS J. Mailting Addresses J. Mailting Ad | incinal Place | of Rusiness | Mailing Address | | W0 W1 TP | | | | | |
| CINADO, FL 32803 ORLANDO, FL 32803 ORLANDO, FL 32803 ORLANDO, FL 32803 City & State City & Stat | ANDO, FL 32803 ORLANDO, FL 3280 | • | | • | | | | | | | |
| Suite Apt. #, etc. Suite Apt. #, etc. Suite Apt. #, etc. Suite Apt. #, etc. Suite Apt. #, etc. Suite Apt. #, etc. Suite Apt. #, etc. Suite Apt. #, etc. Suite Apt. #, etc. Applied For Suite Applied For Suite Su | Surin Apt. #, etc. Sutin Apt. #, etc. Sutin Apt. #, etc. Sutin Apt. #, etc. Sutin Apt. #, etc. Sutin Apt. #, etc. Sutin Apt. #, etc. Sutin Apt. #, etc. Ap | Lando, Fl | 32803 | | | | 4 (10.011.00.01.10.0 | | | | |
| City 6 State City 7 State City 7 State City 6 State City 6 State City 7 State Ci | The State City & City & State City & | Principal Pl | ace of Business | 3. Mailing Address | | <u>.</u> | | | | | |
| Recording Section Recording Record | S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and A | Suite, Apt. i | ŧ, etc. | Suite, Apt. #, etc. | | | 05112004 | Chg-P | CR2E034 (| 10/03) | |
| S. Certificate of Status Desired \$0.00 | S. Certificate of Status Desired \$0. ** Additional Policy of Pol | City & State | i i | City & State | | | 4. FEI Numbe | 9F | | | |
| Name Street Address (P.O. Box Number is Not Acceptable) | Name Street Address (P.O. Box Number is Not Acceptable) | Zíp . | - Country - | Zip | Coun | itry | 5. Certificate | of Status Desired | | | |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | ATZ_DONALD Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | 6. Name and Address of Current | Registered Agent | | Name | 7. Name and | Address of New F | Registered Ager | it | |
| The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. BOATURE Signus, hope or analystered implies agent. DOIE Registered Agent agriculture (agent) DOIE | The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida. I am familiar with, and accept he obligations of registered agent. NATURE PORTIZE NOWITH FEE IS \$150.00 9. Election Campeign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the Corporation did not receive the prior notice of ST. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES ADDITIONS/ | | | | | | | | | | |
| City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. GNATURE Structure of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOWILL FEE IS \$150.00 B. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOWILL FEE IS \$150.00 GLATZ DONALD Date TITLE Glaving Addition of the Company Addition of the Company Addition ELE | The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept he obligations of registered agent. NATURE Possible In accordance with a 607.193(2)(b), F.S.; the corporation did not receive the prior notice. Possible In accordance with a 607.193(2)(b), F.S.; the corporation did not receive the prior notice. Possible In accordance with a 607.193(2)(b), F.S.; the corporation did not receive the prior notice. Possible In accordance with a 607.193(2)(b), F.S.; the corporation did not receive the prior notice. Possible In accordance with a 607.193(2)(b), F.S.; the corporation did not receive the prior notice. Possible In accordance with a 607.193(2)(b), F.S.; the corporation did not receive the prior notice. Possible In accordance with a 607.193(2)(b), F.S.; the corporation did not receive the prior notice. Possible In accordance with a 607.193(2)(b), F.S.; the corporation did not receive the prior notice. Possible In accordance with a 607.193(2)(b), F.S.; the corporation did not receive the prior notice. Possible In accordance with a 607.193(2)(b), F.S.; the corporation did not receive the prior notice. Possible In accordance with a 607.193(2)(b), F.S.; the corporation did not receive the prior notice. Possible In accordance with a 607.193(1), F.S.; the corporation did not receive the prior notice. Possible In accordance with a 607.193(1), F.S.; the corporation did not receive the prior notice. Possible In accordance with a 607.193(1), F.S.; the corporation did not receive the first prior of supplies with the filling does not consider the first prior of supplies with the filling does not consider the first prior of supplies with the filling does not consider the first prior of supplies with the filling of the event possible the first prior of supplies with the filling received the employees. Debtar Lance Possible Possible Possible Possible Possible Possible Poss | | | | | Street Address | (P.O. Box Numbi | er is Not Acceptabl | e) | | |
| The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. GNATURE SONATURE FILE NOWILL Fixed or ormedinare of inguisered agent and fixed if applications. POTE Registered Agent signature register when invitation? Added to Fees Added to Fees In accordance with is, 807,183(2)(b), F.S., the corporation did not receive the prior notice. CFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 LE PO Delde TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 LE GLATZ, DONALD LE STD Delde TITLE GLATZ, BARBARA ANAME SIRRET ADDRESS CITY-ST-2P CHANDO, FL 32803 CITY-ST-2P CHANDO, FL 32803 CITY-ST-2P CHANDO, FL 32803 CITY-ST-2P LE BRADERSS CITY-ST-2P LE BRADERSS CITY-ST-2P LE BRADERSS CITY-ST-2P CHANDO SIRRET ADDRESS CITY-ST-2P CHANDO SIRRET ADDRESS CITY-ST-2P LE BRADERSS CITY-ST-2P LE BRADERSS CITY-ST-2P CHANDO SIRRET ADDRESS CITY-ST-2P LE BRADERSS CITY-ST-2P CHANDO SIRRET ADDRESS CITY-ST-2P C | The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept to children agent and sof apparent agent. NATURE Symiter, hoped or or not impositive agent and sof apparent agent | | (' | | | | | | | | |
| THE NOW!!! FEE IS \$150.00 THE PPD Delde THE Delde Delde | NATURE | | 1 | | | City | | • | FL | Zíp Code | |
| SPARTURE Stream | NATURE Signatural, hiredict or critical name of registered agent shot lide if applications. NOTE Registered Agent signature registed when recinciancy | | | or the purpose of changing its | register | ed office or registe | ered agent, or bo | h, in the State of Fl | orida. I am famil | iar with, a | ind accept |
| Signature. Topic to romed amore of repotency agent and lead application. POTE: Repatitured requires when incinatory: DATE | Special Common Post | the obligati | ons of registered agent. | | | | | | | | |
| Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 E GLATZ, DONALD TRUE Change Addition Change Change Addition Change | Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 E GLATZ, DONALD Change Addition Change | | Signature, typed or printed name of registered agent | and title if applicable. (NOTE | : Registere | ed Agent signature require | ed when reinstating) | | DATE | | |
| COFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 E PD GLATZ, DONALD EE CADORESS 2515 E. COLONIAL DR. (ST-2P) ORLANDO, FL 32803 E STD Delete TITLE GLATZ, BARBARA MAME GLATZ, BARBARA MAME GLATZ, BARBARA MAME EET ADDRESS CITY-ST-2P CHANGES CITY-ST-2P ORLANDO, FL 32803 E STD Delete TITLE CHANGE Addition EET ADDRESS CITY-ST-2P CHANGE CHANGE EET ADDRESS CITY-ST-2P CHANGE EET ADDRESS CITY-ST-2P E ME Delete TITLE CHANGE Addition EET ADDRESS CITY-ST-2P E ME Delete TITLE CHANGE Addition EET ADDRESS CITY-ST-2P E ME Delete TITLE CHANGE MAME STREET ADDRESS CITY-ST-2P E ME Delete TITLE CHANGE MAME STREET ADDRESS CITY-ST-2P E ME Delete TITLE CHANGE MAME STREET ADDRESS CITY-ST-2P E ME Delete TITLE MAME STREET ADDRESS CITY-ST-2P E ME Delete TITLE MAME STREET ADDRESS CITY-ST-2P E ME Delete TITLE MAME STREET ADDRESS CITY-ST-2P E MAME STREET ADDRESS CITY-ST-2P E MAME STREET ADDRESS CITY-ST-2P I hereby certify that the information supplied with this filling 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 supply first if report is true and courage and that my signature shall have the same legal effect as if made under each; that I am an officer or director changed, or on an attactment with the analysis of the entire this of the entire the origination of the same legal effect as if made under each; that I am an officer or director changed, or on an attactment with the analysis of the entire this originate of the Courage and the my name appears in Block to or sidentened with the origination of the security of the exemption stated in Security of the Courage and the my name appears in Block to or sidentened with the sidentene | OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PO | | | | - | ~ _ ~ | | | | | |
| PD | PD GLATZ, DONALD ET ADDRESS 2515 E. COLONIAL DR. ST-2IP ORLANDO, FL 32803 STD GLATZ, BARBARA ET ADDRESS CITY-ST-2IP ORLANDO, FL 32803 STD GLATZ, BARBARA ET ADDRESS ST-2IP ORLANDO, FL 32803 STREET ADDRESS ST-2IP ORLANDO, FL 32803 STREET ADDRESS ST-2IP ORLANDO, FL 32803 STREET ADDRESS ST-2IP ORLANDO, FL 32803 Delete TITLE NAME STREET ADDRESS CITY-ST-2IP Delete TITLE NAME STREET ADDRESS CITY-ST-2IP THE NAME STREET ADDRESS CITY-ST-2IP THE NAME STREET ADDRESS CITY-ST-2IP THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP THE NAME STREET ADDRESS STR | | | DIRECTORS | 144 | | ADDITIONS | | | , | |
| EET ADDRESS 2515 E. COLONIAL DR. ORLANDO, FL 32803 CITY-S1-2P GLATZ, BARBARA EET ADDRESS GLATZ, BARBARA EET ADDRESS CITY-S1-2P Delete TITLE NAME SIREET ADDRESS CITY-S1-2P Change Addition TITLE NAME SIREET ADDRESS CITY-S1-2P LE Delete Delete Delete TITLE NAME SIREET ADDRESS CITY-S1-2P LE Delete Delet | ET ADDRESS 2515 E. COLONIAL DR. STREET ADDRESS ORY-S1-2P ORLANDO, FL 32803 ORLANDO, | | | | | | ADDITIONS) | CHANGES TO UP | | | Addition |
| CITY-ST-ZIP STD GLATZ, BARBARA EET ADDRESS COLONIAL DR. ORLANDO, FL 32803 CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP LE CHANGE STREET ADDRESS CITY-ST-ZIP | ST. 2P ORLANDO, FL 32803 CITY-S1-2P SGLATZ, BARBARA Delete ITTLE Change Addition ET ADDRESS 2515 E. COLONIAL DR. ORLANDO, FL 32803 CITY-S1-2P E | | GLATZ, DONALD | | | | 4 | 00037 | '992ā | 14 | |
| E STD GLATZ, BARBARA ## GLATZ, BARBARA ## GLATZ, BARBARA ## CREAT ADDRESS ## CRE | STD GLATZ, BARBARA BAGA ET ADDRESS STREET ADDRESS | | The state of the s | | | E . | 06/1 | 6/04010K | 05013 | **150 | .00 |
| SIRET ADDRESS ORLANDO, FL 32803 LE | ET ADDRESS -ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP Delete TITLE NAME STREET ADDRESS -ST-ZIP CITY-ST-ZIP CHAnge Addition AMME STREET ADDRESS -ST-ZIP Delete TITLE NAME STREET ADDRESS -ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS -ST-ZIP Delete TITLE NAME STREET ADDRESS -ST-ZIP TITLE NAME STREET ADDRESS -ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS -ST-ZIP TITLE NA | .E | | ☐ Delete | TITL | £ | | | | Change | ☐ Addition |
| CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP Delete | CITY-ST-ZIP CREANDO, FL 32803 CITY-ST-ZIP CREADORSS -ST-ZIP CREADORSS -ST-ZIP CHange Addition Additio | | | | | - 1 , | | | | | |
| MAME EET ADDRESS Y-ST-ZIP Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP LE NAME STREET ADDRESS CITY- | NAME ET ADDRESS -ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ET ADDRESS -ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ET ADDRESS -ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE | | | | | | | | | | |
| STREET ADDRESS Y-ST-ZIP LE | STREET ADDRESS -ST-ZIP Delete | التاسية الق | 1 | Delete | - TITL | E | <u> </u> | | | Change | Addition |
| CITY-ST-ZIP LE ME ME ME ME ME ME ME ME ME | CITY-ST-ZIP Delete | _ | | | | - 1 | | | | | |
| ME NAME STREET ADDRESS Y-ST-ZIP LE Delete TITLE Change Addition ME HEET ADDRESS Y-ST-ZIP LE NAME STREET ADDRESS CITY-ST-ZIP LE NAME STREET ADDRESS CITY-ST-ZIP LE CHANGE ADDRESS Y-ST-ZIP LE CHANGE ADDRESS STREET ADDRESS CITY-ST-ZIP LE CHANGE ADDRESS STREET ADDRESS CITY-ST-ZIP LE CHANGE ADDRESS Y-ST-ZIP LE CHANGE ADDRESS TREET ADDRESS CITY-ST-ZIP LI hereby certify that the information supplied with this filling does not qualify for the supplied with this filling does not qualify for the supplied with this filling does not qualify for the supplied with this filling does not qualify for the supplied with this filling does not qualify for the supplied with this filling does not qualify for the supplied with this filling does not qualify for the supplied with this filling does not qualify for the supplied with the information of the corporation or the receiver or supplied with this filling does not qualify for the supplied with this fill | NAME STREET ADDRESS -ST-ZIP Delete Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Thereby certify that the information supplied with this filling does not qualify for the expression stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of the corporation or the receiver or turbise empowered. Resource this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address. The profit is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address. The profit is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address. The profit is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address. The profit is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed. | | | | 4 | 1 | | | | | |
| STREET ADDRESS Y-ST-ZIP LE ME M | STREET ADDRESS -ST-ZIP E Delete TITLE Change Addition NAME STREET ADDRESS -ST-ZIP Change Addition EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP Change Addition EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZI | | I | Delete | TITL | E | • • • | | | Change | ☐ Addition |
| CITY-ST-ZIP LE Delete TITLE Change Addition | CITY-ST-ZIP CITY-ST-ZIP | | í I | | | - | | | | | |
| ME MEET ADDRESS Y-ST-ZIP Delete TITLE ME ME ME ME ME ME ME ME ME M | NAME STREET ADDRESS -ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP Thereby certify that the information supplied with this filling 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 supplied mith this filling 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 supplied mith this filling 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 supplied mith this filling 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 supplied mith this filling 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 supplied mith this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Stat | | | | | i | | | | | |
| STREET ADDRESS Y-ST-ZIP LE | STREET ADDRESS -ST-ZIP E | | | ☐ Delete | | | | | | Change | ☐ Addition |
| CITY-ST-ZIP LE ME ME ME REET ADDRESS TY-ST-ZIP 2. I hereby certify that the information supplied with this filling 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 supplier ental report is true and occurate 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 empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the changed, or on an attachment with an address of the corporation of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered. SIGNATURE: SIGNATURE Description | CITY-ST-ZIP E | | : | | | | | | | | |
| NAME STREET ADDRESS Y-ST-ZIP I. I hereby certify that the information supplied with this filling 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 courage 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 turstee empowered because this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the control of the corporation of the receiver of turstee empowered by the component of the corporation of the receiver of the rece | NAME STREET ADDRESS -ST-ZIP I hereby certify that the information supplied with this filling 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 supplied entail report is true and occurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or these empowered of exposure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address. It is other like empowered. IGNATURE: SIGNATURE AND TYPED OR PRINTED ME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone # | | , | | | | | | | | |
| STREET ADDRESS Y-SI-ZIP 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 occurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered by exposure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address of the property of the corporation of the receiver of the corporation of the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of t | Thereby certify that the information supplied with this filling 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 occurate 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 empowered as exposure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address of the empowered. GNATURE: | | : | ☐ Delete | 1 | li li | | | | Change | Addition |
| Y-ST-ZIP Li hereby certify that the information supplied with this filling 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 occurate 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 trastee empowered of exposite this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address of the empowered. **IGNATURE:** SIGNATURE AND TYPED OR PRINTED DAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone s | -ST-ZIP I hereby certify that the information supplied with this filling 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 supplies that report is true and recurate 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 empowered of exposure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address of the information of the receiver of the corporation of the receiver or trustee empowered of exposure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address of the empowered. GNATURE : | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | 1 | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED VAME OF SIGNANG OFFICER OR DIRECTOR Date Dayline Phone # | IGNATURE: SIGNATURE AND TYPED OR PRINTED VALE OF SIGNANG OFFICER OR DIRECTOR Date Destine Phone # | | ή | | | 1 | | | | | |
| SIGNATURE AND TYPED OR PRINTED MASE OF SIGNING OFFICER OR DIRECTOR Date Destine Phone # | SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR Date Destine Phone # | | 1 / Just | th this filling does not qualify for is true and recurate and that to covered expects this report the other like empowered | or the exe my signa as requ | emption stated in ta ature shall have th uired by Chapter 6 | Section 119.07(3) e same legal effe 07, Florida Statut | (i), Florida Statutes of as if made under es; and that my nar | . I further certify r cath; that I am a ne appears in Bl | that the in an officer (ock 10 or | formation or director Block 11 if |
| | | 'IGITA! | SIGNATURE AND TYPED OR | PRINTED NAME OF SIGNING OFFICER | OR DIREC | TOR | | Date | Daytin | e Phone # | |