P03000016721

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Document Number)	
Certified Copies	Certificates of Status;
Special Instructions to Filing Officer:	





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Add charge Thewis 11-19-09

Murphy, Erin L.

From: danderut@comcast.net

Sent: Wednesday, November 18, 2009 8:47 AM

To: CorpAddressChange

Subject: DISABILITY ADVOCATES, INC. (P03000016721) MAILING ADDRESS CHANGE

PLEASE CHANGE MY BUSINES MAILING ADDRESS FROM:

4901 PALM BEACH BLVD UNIT 26 BOX 201, FORT MYERS, FL 33905

TO

P O BOX 51410, FORT MYERS, FL 33994

PLEASE ADVISE IF I NEED TO DO ANYTHING ELSE. THANK YOU.

DIANE RUTLEDGE, PRESIDENT