FILED ** Apr 02, 2004 8:00 am **

407 644-8642

Daytime Phone #

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SIGNATURE:

DOCUI		#`P0300003538	38				Secretary of State	
HALECO,							04-02-2004 90075 043 ***150.00	
Principal Place of Business			Mailing Address					
600 DUNRAVEN DRIVE WINTER PARK FL 32792			GOODLINGAYEN-DRIVE WINTER RABKERY32X32X					
,								
2. Principal Place of Business			3. Mailing Address P. O. Box 221					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				MOORÉ CR2E034 (11/03)	
City & State			City & State Winter Park, Florida				4. FEI Number Applied For Not Applicab	le
Zip Country		Zip Cour 32790 USA		try		5. Certificate of Status Desired See Required Fee Required		
	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent	口
ــــــــــــــــــــــــــــــــــــ	E, LAURA		سيه هد رست	٠	Name	HALF	E; R. J.	
600	DUNRAV	PEN DRIVE RK FL 32792			Street Ad	600 (l	(P.O. Box Number is Not Acceptable) Dunraven Drive	
					City	T.7-5 4-	ter Park, FL Zig Cyle 2	_
8. The above	named entity	v submits this statement to	r the ournose of changing its	registere			ter Park, FL 32792 red agent, or both, in the State of Florida. I am familiar with, and accept	,
the obligat	tions of regist	eneg agent	the purpose of changing its	registere	sa onice or r	egisteri	red agent, or born, in the State of Florida. If an Hamiliar with, and accep	"
SIGNATURE .	Signature broad	or printed partie of registered agent	R. J. Hale				03/30/04 d when reinstating) DATE	
er to take et a	Market Services		and the irappicable. (NOTE	. negisterec	Agent signature	e required	d which remissioning)	ᅴ
Afte	r May 1, 200	II. FEE IS \$150.00 04 Fee will be \$550.00 o Florida Department o	l State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T	IDA C	☐ Delete	TITLE			sident, Secretary, Direct □ Change 🗓 Addibi	эn
*	NÃE HALE, LAURA S STREET ADDRESS 600 DUNRAVEN DRIVE		NAM Stre				J. Hale Dunraven Drive	ł
CITY-ST-ZIP						ter Park, Florida 32792		
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indicated of the cor	i on this repor rooration or th	rt or supplemental report is ne receiver or trustee emp	s true and accurate and that r	ny signat as requir	ure shali ha	ve the s	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11	r I

R. J. Halë, President

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR