

FILED
Sep 11, 2007 8:00 am
Secretary of State

40134014

[illegible]

07252007 Chg-P CR2E034 (12/06)

4. FEI Number

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GATES, JAMES
22966 LINWOOD AVE
LAWLEY, FL 32058

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10.	OFFICERS AND DIRECTORS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GATES, JAMES	
STREET ADDRESS	22966 LINWOOD AVE	
CITY - ST - ZIP	LAWLEY, FL 32058	

TITLE	S	<input type="checkbox"/> Delete
NAME	GATES, DELINIA D	
STREET ADDRESS	22966 LINWOOD AVE	
CITY - ST - ZIP	LAWLEY, FL 32058	

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 effect as if made under oath; 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #