Aller P. L 38:14 TAMPA PL 38:14 S. Monitory Place of Business 3. Musing Address Suite, Apt. #. dec. Suite, Apt. #. dec. Do Not Write IN This SPACE City & State Country 2ip Country 2ip Address of Ourmen Peptitised Agent 1. None and Address of Ourmen Registered Agent 7. Name and Address of Ourmen Registered Agent 1. None and Address of Ourmen Registered Agent 1. Name and Address of Ourmen Registered	DOCU 1. Entity Nar	1 UNIFORM BUSI	11374	ORT (UBR)		FILED Apr 03, 2001 8 Secretary of 04-03-2001 90065 034 *			
Sulte, Apt. #, etc. DD NOT WHITE IN THIS SPACE City & State City & State 20 Country 21 Country 21 Country 22 Country 23 Country 24 LAKE ELLEN DRNE Tablebare named antly submits his statement for the purpose of changing its registated office or registered agent, or both, in the State of Bonics. 26 The above named antly submits his statement for the purpose of changing its registated office or registered agent, or both, in the State of Bonics. 26 The above named antly submits his statement for the purpose of changing its registated office or registered agent, or both, in the State of Bonics. 26 The above named antly submits his statement for the purpose of changing its registated office or registered agent. 0.10. Election Comparign Financing its State of Bonics. 26 The above named antly submits his stat	8902 N DALE STE 214	MABRY HWY	8902 N DALE MABRY STE 214 TAMPA FL 33614			I KADINAN KANTANIN INDIK ADINI DANK ADINI DANK		I) 010 1 1 00 1	
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Zip Country Zip Country S. Certificate of Status Desired See Fig. Addicent ELERE, LORNIE NORD S. Mana and Address of New Registered Agent 7. Name and Address of New Registered Agent Name ELERE, LORNIE NORD 254 LAKE ELEN DRVE Name Name Name Name TAMPA FL 33618 Streat Address (P.O. Box Number Is Not Acceptable) Streat Address (P.O. Box Number Is Not Acceptable) Streat Address (P.O. Box Number Is Not Acceptable) Streat Address (P.O. Box Number Is Not Acceptable) City FL Zip Code R. The above named ontly submits this attatement for the purpose of changing its registered dyner streatement of the interaction or registered agent, or both, in the State of Florica. Stode Address (P.O. Box Number Is Not Acceptable) 9. The corporation is adjubit to stately its Interaction Address (P.O. Box Number Is Not Acceptable) Date 10. Election Campaign Financing Date Date Stode Address (P.O. Box Number Is Not Acceptable) 11. The corporation is adjubit to stately its Interplate FLE NOW!!! FEE IS \$150.00 Note Stode Is Prescentable in Campaign Financing Stode Is Prescentable in Campaign Financing 12. The corporation is adjubit to state of DirectCIRS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11 NoRe, LOREN Is No DIRECTORS N 11 </td <td>City & Sta</td> <td>ite</td> <td colspan="2">City & State</td> <td>4.</td> <td colspan="2">4. FEI Number 59-3154299</td> <td colspan="2">h</td>	City & Sta	ite	City & State		4.	4. FEI Number 59-3154299		h	
EIERRE, CORRIE NORD SAM LAKE ELLEN DAVE TAMPA FL 33818 Stort Address (P.C. Box Number is Not Acceptable) Stort Address (P.C. Box Number is Not Acceptable) City FL Zic Code Stort Address (P.C. Box Number is Not Acceptable) City FL Zic Code Stort Address (P.C. Box Number is Not Acceptable) City FL Zic Code Stort Address (P.C. Box Number is Not Acceptable) City FL Zic Code Stort Address (P.C. Box Number is Not Acceptable) FILE NOW!!! FEE IS \$150.00 Nume Net Stort Address (P.C. Box Number is Not Acceptable) FILE NOW!!! FEE IS \$150.00 Nume Address for Arrive is Not Acceptable) Stort Address (P.C. Box Number is Not Acceptable) FILE NOW!!! FEE IS \$150.00 Nume Net Stort Address for Arrive is Not Acceptable) Stort Address (P.C. Box Number is Not Acceptable) Mare Mark Name Not Dotted is Not Acceptable) Address for Arrive is Not Acceptable) Stort Address (P.C. Box Number is Not Acceptable) Mark Stort Address for Arrive is Not Acceptable) Address for Arrive is Not Acceptable) Stort Address (P.C. Box Number is Not Acceptable) Mark Stort Address for Address for Arrive is Not Acceptable) Address for Add	Zip	Country	Zip	Country	5.		3.75 Add	itional	
B. 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. SIGNATURE Definition of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Definition of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Definition of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Definition of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Definition of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Second and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Signature agent a	2544	RE, LORRIE NORD 4 LAKE ELLEN DRIVE		· · · · · · · · · · · · · · · · · · ·					
				City	<u></u>	FL	Zi'o Code	;	
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NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I3. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS) Change	Addition	
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