

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

A0067690

59-3156946	Applied For
	Not Applicable

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

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE

DATE \_\_\_\_\_



**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>LOPEZ, RICHARD T.</b> <b>4513 RING NECK RD.</b> <b>ORLANDO, FL 32808</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034(11/00)

3. 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.

**877.834.1773**

Daytime Phone #