FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State

DOC	UMENT#	05-06-2002 90148 018 ***158.75				
1. Entity N	SOUTHERN S	TATES FUN	DING, INC	2		
193000064534 'V						
× 2.23			l			
	DO NOT WRITE	IN THIS S	PACE			
2. Principa	al Place of Business					
3707	Edge water Dr	3. Mailing Address	ewAter Dr			
Suite, A	pt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & S	audo, Fl	City & State Column State	o Fl	4. FEI Number		Applied For
326	······································		Country	59-3201		Not Applicable .75 Additional
عمد	DA DANGE	32009	orange	Certificate of Status Desired Name and Address of Current	Registered Ag	Required
DO NOT WRITE						
	IN THIS SPA		Street Address (3 Pax Number is Not Acceptable	ater	D~
	114 111110 377	1 CE				<u> </u>
8 The above	D nomed		City	Audo	FL	32804
o. The abov	ve named entity submits this statement for the	ne purpose of changing its	registered office or registere	ed agent, or both, in the State of Flo	rida,	
SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constitution						
9. This corp	ooration is eligible to satisfy its Intancible	January 1 - M.	Registered Agent signature required ay 1 Fee is \$150,00	30000	DATE	
ax filing	requirement and elects to do so.	After May Amended	1, Fee is \$550.00 UBR is \$61.25	 Election Campaign Fina Trust Fund Contribution 	ancing	\$5.00 May Be Added to Fees
11.	OFFICERS AND DIF	Make Check Payab	le to Department of State	9		
TITLE NAME	SKIPA, SKIP	D) PR. S.E. I-B	TITLE NAME			
STREET ADDRESS CITY-ST-ZIP	513 Seward So WAShing TON D		STREET ADDRESS			
TITLE	Diehl, Daniel	R (PD)	CITY ST: ZIP			
NAME STREET ADDRESS	3707 Edgewater	De'	NAME STREET ADDRESS) C
CITY-ST-ZIP TITLE		804	CITY:ST:ZIP			
NAME	Ben Sprins 2707 Edgewate	5/T	TITLE NAME			
STREET ADDRESS CITY-ST-ZIP	oclay do El	32804_	STREET ADDRESS CITY-ST-ZIP	DO NOT V	//DITE	
Title	Dielil Inner	Delete			Gerelen dengandandandan. Peranggan	Fullet har fall, son 1900, magnitude (from 1997). Portfoliotopologica proposition (from 1997).
NAME STREET ADDRESS	3707 Edgewate	, Dr. (1/5)	NAME STREET ADDRESS	IN THIS S	PACE	
CITY+ST+ZIP TITLE	arlando, Fl 3.	2804	CITY : ST : ZIP:			
NAME		,	TITLE: NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			TITLE			
STREET ADDRESS			NAME STREET ADDRESS			
13. hereby c	ertify that the information supplied with this	iling does not ouglist for	CITY ST ZIP			
			signature shall have the san signature shall have the san is fequired by Chapter 607.	on 119.07(3)(i), Florida Statutes. I fu ne legal effect as if made under oatl Florida Statutes; and that my name	rther certify that h; that I am an c	the information officer or director
of the corporation or the receiver or this see impowered to execute this lyport as lequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an execute this lyport as lequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an execute this lyport as lequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an execute this lyport as lequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an execute this lyport as lequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an execute this lyport as lequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an execute this lyport as lequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an execute this lyport as lequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an execute this lyport as lequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an execute this lyport as lequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an execute this lyport as lequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an execute this lyport as lequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an execute this lyport as lequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an execute the execute this lyport as lequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an execute the execute th						
SIGNATURE: 4 24 02 822-9009 Date Date Date Date Date Date Date Date						
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