NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	DOCUI 1. Entity Nam A J & C	е	# P930000 ING INC.	70476			Se	ecretary ( 5-15-2001 90076 0	of Stat	te	8
Suite, Apt. 4, etc.  City & State  City & State  City & State  Country  Cou	2005 PAN AM CIRCLE SUITE 500 TAMPA FL 33607			2005 PAN AM CIRCLE SUITE 500 TAMPA FL 33607			Flactoria a vicio				
City & State    Country   Zip   Country   Zip   Country   Sp. Cartificate of Status Desired   See Section   Nort Applicable	2. Principal Place of Business			3. Mailing Address							
Mode	Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
County   Zip	City & State			City & State			33 0200 100				]
Name and Address of New Registered Jens	Zip Country		Country	Zip Co		try	5. Certificate o	Status Desired	<b>\$8.75</b> Ad	ditional	
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Bo		6. Name	and Address of Current F	legistered Agent			7. Name and A	ddress of New Registe	·····	eu	1
2005 PAN AM CIRCLE SUITE 500 TAMPA FL 33807  8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida.  SIGNATURE    Signature						Name		<b>.</b>			
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.  SIGNATURE    Signature, typed or printed name of registered agency and use the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE   Signature, typed or printed name of registered agency and use the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE   Signature, typed or printed name of registered agency and use the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE   Signature, typed or printed name of registered agency and use of the purpose of changing its registered office or registered agent, or both, in the State of Florida.    Signature, typed or printed name of registered agency and use of the purpose of changing its registered office or registered agent, or both, in the State of Florida.    Signature, typed or printed name of registered agency and use of the purpose of changing its registered office or registered agent, or both, in the State of Florida.    Signature, typed or printed name of registered agent, or both, in the State of Florida.    Signature, typed or printed name of registered agent, or both, in the State of Florida.    Signature, typed or printed name of registered agent, or both, in the State of Florida.    Signature, typed or printed name of registered agent, or both, in the State of Florida.    Signature, typed or printed name of registered agent, or both the section of the state of the section of the state of the section of t	2005	PAN AM				Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See ordered no back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  OCRNELIUS, JUDITH G 2005 PAN AM CIRCLE #500  TAMPA FL  TITLE  NAME SIRRET ADDRESS CITY-ST-2P  TITLE  NAME	TAM	PA FL 3360	)7			City			FL Zip Coo	de	1
TITLE NAME CORNELIUS, JUDITH G CORNELIUS, JUDITH G SIREET ADDRESS OTIV-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Addition NAME SIREET ADDRESS CITY-ST-ZIP  Addition NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Addition NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP	9. This corpo	oration is elig	ible to satisfy its Intangible and elects to do so.	FILE NO	OW!!! FEE 1, 2001 Fee	IS \$150.00 will be \$550.00	) 10. Elec	tion Campaign Financing	\$5.0	<b>00</b> May Be d to Fees	_
TITLE MAME CORNELIUS, JUDITH G 2005 PAN AM CIRCLE #500 TAMPA FL  TITLE NAME SIREET ADDRESS CITY-ST-ZIP	11.		OFFICERS AND (	DIRECTOR\$	12.		ADDITIONS/C	HANGES TO OFFICERS	AND DIRECTOR	RS IN 11	4
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19 I horsely contify that the information appelled with this filter does not exalt for the property of the Continuous Con	NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAM STR	ME EET ADDRESS			☐ Change	Addition	1

13. 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 attachmental my and address, with all other like empowered.

SIGNATURE:  $\subseteq$ 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR)

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