

0489926 AV

The seal of the State of Florida is a circular emblem. It features a central figure of a person standing on a small island, holding a torch aloft in their right hand. The figure is surrounded by a wreath. The outer ring of the seal contains the text "GREAT SEAL OF THE STATE OF FLORIDA" at the top and "IN GOD WE TRUST" at the bottom, separated by small stars.

FILED
03 APR 14 AM 7:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address
C/O STUART S. GOLDING CO.
27001 U.S. HWY. 19 N., SUITE 2095
CLEARWATER FL 33761
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For
Not Applicable

☒ **\$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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS	SUITE 2095		
CITY - ST - ZIP			

TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS	SUITE 2095		
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600015870336
STREET ADDRESS	04/15/03--01002--015 **158.75
CITY-ST-ZIP	

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

41.103

(727) 796-1077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (10/02)