Bit Numbers Class	1. Entity Nam		# P94000 0	08673				F Jan 08, Secreta	ILE 2001		am
Suite, Apt. #, etc. Suite, Apt. #, acc.	8111 MUIRHEAL BOYNTON BCH	D CIR	S	8111 MUIRHEAD CIR		.,	`				
Coy & State City & State City & State City & State City & State Country S. Cutificate of Status Desired \$8.75 Additional Fee Required \$8.75 Addition						<u> </u>					
Signar August 1 Mulified City 1 Change						<u></u>		4. FEI Number 65-0468449 Applied For			
TRAUM, DAVID SITH MURRHEAD CIR BOYNTON 8CH FL 33437. 6. The above named onthy submits this statement for the purpose of changing its registered office or registered agent, or both. In this State of Florida. SIGNATURE	Zip		Country	Zip	Country		5.	Certificate of Status Desired		8.75 Addition	
SIGNATURE Signature, type or primer hand elected agent war site if applicable NOTE, Progressive Agent signature received when revealed agent war site if applicable NOTE, Progressive Agent signature received when revealed of	8111	um, david I muirheai	D CIR	egistered Agent ~		Street Addr					
CITY-ST-ZIP BOYNTON BCH FL 33437 CITY-ST-ZIP TITLE D CHAnge TRAUM, BARBARA STREET ADDRESS CITY-ST-ZIP BOYNTON BCH FL 33437 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE Delete	SIGNATURE . 9. This corporate filing r	Signature, typed pration is elig	or printed name of registered agent an ible to satisfy its Intangible and elects to do so.	d title if applicable. (NOTE FILE NOW! After MAY 1, 20	Registere	d Agent signature of IS \$150.00 will be \$550	equired when r	einstating) 10. Election Campaign Finar	DATE		
TRAUM, BARBARA 8111 MUIRHEAD CIR STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAM	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRAUM, I 8111 MUI BOYNTO	DAVID RHEAD CIR	□ Delete	TITL NAM STR8 CITY	EET ADDRESS '-ST-ZIP	AC	DITIONS/CHANGES TO OFFIC	•	Change	(0 -
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREE	NAME Street address	TRAUM, E	RHEAD CIR	□ Delete	NAM Stri	EET ADDRESS			l	Cnange	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-	NAME STREET ADDRESS		o na programa a progra	Delete	NAM STRE	EET ADDRESS	er upper gegant der	·	(Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the expension stated in Section 119.07(3)(1), 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. SIGNATURE: SIGNATURE: Defa Daytime Prione Daytime Prione Daytime Prione Daytime Prione Daytime Prione Daytime Prione	NAME STREET ADDRESS			☐ Delete	NAM STRE	SET ADDRESS		0.000	[Change	
STREET ADDRESS CITY-ST-ZIP 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 attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: Daylor Daylore Phone *	NAME Street address			☐ Delete	NAM STRE	ET ADDRESS			[Change	J Addition
13. Thereby 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. SIGNATURE: SIGNATURE: DAVID TRAUM JAVID SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone **	TITLE NAME STREET ADDRESS			☐ Delete	NAM STRE	EET ADORESS			[Change [=
SIGNATURE: Jand Naum DAVID 1KAUM (14/0) 361-133-3435 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days Days Phone #	13. I hereby of indicated of the cor	on this reportion or the	rt or supplemental report is t ne receiver or trustee empoy	rue and accurate and that n vered to execute this report	the exent of the signal of the	mption stated	the same	legal effect as if made under oat	h: that I am	an officer or d	nation = irector ck 12 if
	SIGNAT	URE: _	SIGNATURE AND TYPED OR PR	NAME OF SIGNING OFFICER	AVI.		4UM	1/4/01	61-2 Days	33-543 me Phone #	<u>S</u>