

DOCUMENT # P94000022848

Principal Place of Business	Mailing Address
2410 HARBOURSIDE DR UNIT 124 LONGBOAT KEY FL 34228	2410 HARBOURSIDE DR UNIT 124 LONGBOAT KEY FL 34228-4173

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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Zip	Country	Zip	Country
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RAUM, MARIE
2410 HARBOURSIDE DR
UNIT 124
LONGBOAT KEY FL 34228

Name Marie Raum Watts

Street Address (P.O. Box Number is Not Acceptable)

same as Block #6

City	FL	Zip Code
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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 Maei Rorem Watts 1/21/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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TITLE	P	<input type="checkbox"/> Delete
NAME	WATTS, MARIE	
STREET ADDRESS	2410 HARBOURSIDE DRIVE #124	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	

TITLE ☐ Delete

NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE _____ ☐ Delete

NAME _____

STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE	
NAME	<input type="checkbox"/> Delete

STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE ☐ Delete

NAME

STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME

STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE ☐ Change ☐ Addition

NAME	
STREET ADDRESS	- - - - -
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		

STREET ADDRESS
CITY - ST - ZIP

[illegible]

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		

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)(j), 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: Maure Rawn Watts, Pres. 1/21/00 941-383-0611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0659075	Applied For
		Not Applicable

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

CR2E034 (9/99)