2000 FURCENT # P944000027035       F111 # 2000         MPLIFED MORTGAGES AND INSURANCE AGENCY.       08 0EG - 1 Ail S: 20         Organization of dummas       Mailing Address         T11 # SUNKES BUD SUITE 4       2711 # SUNKER # UD SUITE 4         Displantees * No P.O. Box #       2.111 # SUNKES & DUD         T11 # SUNKES BUD SUITE 4       2111 # SUNKES & DUD         T11 # SUNKES BUD SUITE 4       2111 # SUNKES & DUD         T11 # SUNKES BUD SUITE 4       2111 # SUNKES & DUD         T11 # SUNKES BUD SUITE 4       2111 # SUNKES & DUD         T11 # SUNKES BUD SUITE 4       2111 # SUNKES & DUD         T11 # SUNKES BUD SUITE 4       Sunk Adv. # #         T11 # SUNKES BUD SUITE 4       Dista Adv. # #         T11 # SUNKES BUD SUITE 4       Dista Adv. # #         T11 # SUNKES BUD SUITE 4       Dista Adv. # #         SUNKE Adv. # #       SUNF Adv. # #         T11 # SUNKES BUD SUITE 4       Dista Adv. # #         SUNF Adv. # #       SUNF Adv. # #         T1 # SUNKES BUD SUNF Adv. # #       SUNF Adv. # #         SUNF Adv. # #       SUNF Adv. # #         SUNF Adv. # #       SUNF Adv. # #	htity Name IPLIFIED MORTGAGES AND INSURANCE AGEN ipal Place of Business 1 W SUNRISE BLVD SUITE 4 2711 W SUNRISE	NCY,			•		
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DEINSON DANIEL E 11 W SUNRISE BLVD SUITE 4 11 W SUNRISE BLVD SUITE 4 12 AUDERDALE, FL 33311 Chy FL Store Address (P.O. Box Number is Not Acceptable) Chy FL Zip Code Chy FL Z	311 Country Zip 311 BROWARD 33311	Country	ind	5. Certificate	of Status Desired	\$8.75 A     Fee Requi	dditional
City         FL         Zp Code           The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.         Dott         Dott           State of produced protein agent of the registered agent.         POTE Induced for registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.         Dotte           PLE NOVIII FEE IS \$150.00         In accordance with s. 607.193(2)(b); F.S. the optical of dot not receive the prior notice.           OFFICERS AND DIRECTORS         11.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           E         PO         In accordance with s. 607.193(2)(b); F.S. the optical of dot not receive the prior notice.           OFFICERS AND DIRECTORS         11.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           E         PO         Intell Compare         Induring           Attribute         Intell Compare         Induring         Addition           ROBINSON, CONNIE         Intell Compare         Intell Compare         Intell Compare           STD         Delte         Intell Compare         Intell Compare         Intell Compare           ROBINSON, CONNIE         Intell Compare         Intell Compare         Intell Compare         Intell Compare           STD         FI	BINSON, DANIEL E 1 W SUNRISE BLVD SUITE 4						
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. Tam familiar with, and accept the obligators of registered agent.  INATURE  Synatra, node or prize or mate of inputered ever and the f access.  PILE NOWILI FEE IS \$150.00  After January 1, 2009, Pee with be \$300.00  OFFICERS AND DIRECTORS  II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  PD OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  PD OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  PD OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II  Change Addition ET ADDRESS 2711 W SURRISE BLVD SUITE 4  STRET ADDRESS 121/UI / UB/INTERSE BLVD SUITE 4  STRET ADDRESS 2711 W SURRISE BLVD SUITE 4  S	AUDERDALE, FL 33311	City	у			CI Zip Ca	de
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.	C Delete	TTTLE NAME STREET ADDR	MESS			Change	e 🔲 Addition
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