


DOCUMENT # P94000070980

Principal Place of Business	Mailing Address
1700 PORT ST LUCIE BLVD PORT SAINT LUCIE FL 34952	1700 PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE  _____

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

11. OFFICERS AND DIRECTORS		12.	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	DATEL, DAVID	NAME	

TITLE	D	<input type="checkbox"/> Delete	TITLE
NAME	PATEL, HARSHA		NAME
STREET ADDRESS	3301 LOOKOUT BLVD		STREET ADDRESS
CITY - ST - ZIP	PORT SAINT LUCIE FL 34984		CITY - ST - ZIP

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 13(b)(3) of the Securities Exchange Act of 1934, and that any request for confidential treatment shall be sought separately on this card or supplemental report in this filing, and that any request for confidential treatment shall be sought separately on this card or supplemental report in this filing, and that any request for confidential treatment shall be sought separately on this card or supplemental report in this filing.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00012424

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent	
P.O. Box Number is Not Acceptable)	
FL	Zip Code

ed agent, or both, in the State of Florida.

1-25-01

when reinstating) DATE

e	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

_____ ☐ Change ☐ Addition

_____ ☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

tion 119.07(3)(i), Florida Statutes. I further certify that the information

1-25-06

Date _____ Daytime Phone # _____

CR2E034 (10/00)