DOCU 1. Entity Nam	MENT # P940000 DIDING COMPANY		JRI (UBR)		FIL Mar 22, 20 Secretary 03-22-2000 900	000 8:0 y of Sta	
Principal Place	ce of Business	Mailing Address 503 - 10TH STREET WES	т				
PALMETTO FL	34221	PALMETTO FL 34221-3801			0004,	Tury	
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State	City & State		Jumber <b>59-3303760</b>	<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country		ficate of Status Desired	ree Require	
<u></u>	6. Name and Address of Current	Registered Agent	Name	7. Name	e and Address of New Regist	tered Agent	
200	tsman, robert p East New England Ave. Te 301	i	Street Address	ss (P.O. Box N	lumber is Not Acceptable)		
WIN'	TER PARK FL 32789		City			FL Zip Cod	e
8. The above	e named entity submits this statement for	or the purpose of changing it	ts registered office or regis	stered agent, o	or both, in the State of Florida.		
SIGNATURE.  9. This corporate fax filing r	Signature, and or printed name of reportered agents oration is eligible to satisfy its Intangible requirement and elects to do so.	e FILE NOW After MAY 1, 2	ts registered office or regis  OTE: Registered Agent signature requirements  V!!! FEE IS \$150.00  2000 Fee will be \$550.0  able to Department of \$	ured when reinstation			0 May Be
SIGNATURE.  9. This corporate fax filing r	Signature, aped or printed name of reportered agents oration is eligible to satisfy its Intangible requirement and elects to do so.  ria on back)  OFFICERS AND	e FILE NOW After MAY 1, 2 Make Check Paya	OTE: Registered Agent signature requive!!! FEE IS \$150.00	urred when reinstation  O  State	ng)  6. Election Campaign Financir	ng \$5.0  Added	to Fees S IN 11
9. This corporate filling respectively.	Signature, aped or printed name of reportered agents oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	e FILE NOW After MAY 1, 2 Make Check Paya	OTE: Registered Agent signature requiversity!!! FEE IS \$150.00 0000 Fee will be \$550.0 able to Department of S	urred when reinstation  O  State	ng) <b>0.</b> Election Campaign Financir Trust Fund Contribution.	ng <b>\$5.0</b> □ Added	to Fees
9. This corporatax filing r (See criter  11.  TITLE NAME STREET ADDRESS	Signature, ped or printed name of reprefered agents oration is eligible to satisfy its Intangible requirement and elects to do so, ria on back)  OFFICERS AND  DV  ESFORMES, JOSEPH 503 10TH STREET WEST	e FILE NOW After MAY 1, 2 Make Check Paya	OTE: Registered Agent signature requirements of \$  12.  TITLE  NAME  STREET ADDRESS	urred when reinstation  O  State	ng) <b>0.</b> Election Campaign Financir Trust Fund Contribution.	ng \$5.0  Added	s in 11  Addition
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9. This corporate in the corporate in th	Signature, uped or printed name of reportered agent oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)  OFFICERS AND  OFFICERS AND  OFFICERS AND  OFFICERS AND  DV  ESFORMES, JOSEPH 503 10TH STREET WEST PALMETTO FL  D  ESFORMES, NATHAN 503 10TH STREET WEST PALMETTO FL 34221  D  HELLER, HARVEY 288 SOUTH 4TH STREET WINTER GARDEN FL 34787  ST  CARRAWAY, MAC 503 - 10TH ST. WEST	e FILE NOW After MAY 1, 2 Make Check Paya Directors Delete	DTE: Registered Agent signature requirement of Street Address City-St-Zip  Title NAME STREET ADDRESS CITY-ST-Zip	urred when reinstation  O  State	ng) <b>0.</b> Election Campaign Financir Trust Fund Contribution.	ng \$5.0 Addector: Change	to Fees S IN 11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: