FILED May 03, 2001 8:00 am Secretary of State

05-03-2001 91109 024 ***150.00

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DOCUMENT # P950	000023007	e energene
,	ETC. GREETING CARD OUTLE	
Principal Place of Business	Malliam Address	

12005 INDIAN ROCKS RD. LARGO FL 33774

CADDEN, MARTHA

9700_HAMLIN_B1_VD._#804... SEMINOLE FL 33776

Tax filing requirement and elects to do so.

(See criteria on back)

US

Mailing Address

12005 INDIAN ROCKS RD. LARGO FL 33774

US

Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-3313054		
Zip	Country	Zip	Country	5. Certificate of Status Desired See Re		
6.	Name and Address of Cu	irrent Registered Agent	Nama	7. Name and Address of New Registered Agent		

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

1: 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		<u>_</u>	
Signature, typed or printed name of registered agent and ti	tle if applicable. (NOTE: Registered Agent signature required who	en reinstating)	ATE
9. This corporation is eligible to satisfy its Intangible	FILE NOW!!! FEE IS \$150.00	10 Flaction Commission Financias	Φ5 00 · · ·

City

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For Not Applicable

\$8.75 Additional

Fee Required

Zip Code

11.	OFFICERS AND DIF	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CADDEN, MARTHA S 1214 9TH CIRCLE S.E. LARGO FL 34774	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE' NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
13. I nereby c	ertity that the information supplied with this	s tiling does not quality for the	e exemption stated in :	Section 119.07(3)(i), Florida Statutes, J 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.