Zip       Country       Zip       Country       5. Certificate of Status Desired       \$8.75 Additional Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         MANN, T. DAVID 1017 NORTH 12TH AVE SUITE 110 PENSACOLA FL 32501       Name       Name         8. The above named entity submits this statement for the purpose of changing its registered agent.       North registered agent.       City       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered agent.       Other Registered agent.       Date         SIGNATURE       Steel North 12 FEE IS \$150.00       9. Election Campaign Financing       \$5.00 May Added to Fee         FLE <now!!!< td="">       FEE IS \$150.00       9. Election Campaign Financing       \$5.00 May Added to Fee         Fine       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Fine       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Fine       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Fine       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Fine       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTO</now!!!<>	UN DOCU 1. Entity Nan	MENT # P9500	IT CORPORESS REPORED	RATION T (UBR)	FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90922 023 ***150.00
2. Interceptent node of to balantess       C. Interling Activities         Suite, Apt. #, ctc.       Suite, Apt. #, etc.         City & State       City & State         City & State       City & State         Z/P       Country         Zip       Country         Suite, Apt. #, etc.       State, Apt. #, etc.         Applied F.       State, Apt. #, etc.         Zip       Country       State, Apt. #, etc.         Suite, Apt. #, etc.       Country         Suite, Apt. #, etc.       State, Apt. #, etc.         Applied F.       State, Apt. #, etc.         Suite, Apt. #, etc.       Country         Suite, Apt. #, etc.       State, Applied F.         MANN, T. DAVID       Name         1017 NORTH 12TH AVE       Street Address (PO. Box Number is Not Acceptable)         SUITE 110       Street Address (PO. Box Number is Not Acceptable)         SUITE 110       FL         Period E.       Street Address of private registered agent.         SIGMATURE       Street Address of private registered agent.         SIGMATURE       Street Address of private registered agent.         SIGMATURE       Street Is \$550.00         After May 1, 2003 Fee will be \$550.00         Make Checke Payable to Fordia Department of State <th>109 EAST GA SUITE "C"</th> <th>rden street</th> <th>109 EAST GARDEN STR SUITE "C"</th> <th>EET</th> <th></th>	109 EAST GA SUITE "C"	rden street	109 EAST GARDEN STR SUITE "C"	EET	
City & State City					
Zip     Country     Zip     Country     Zip     Country     S. Certificate of Status Desired     Status Desired     Status Desired     Status Desired       6. Name and Address of Current Registered Agent     7: Name and Address of New Registered Agent     7: Name and Address of New Registered Agent       MANN, T. DAVID     1017 NORTH 12TH AVE     Street Address (P.O. Box Number is Not Acceptable)       SUTE 110     PENSACOLA FL 32501     City     FL       Zip Code     City     FL     Zip Code       8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and act the obligation or registered agent, or both, in the State of Florida. 1 am familiar with, and act the obligation or registered agent.       SIGNATURE     Street Address for prived rame or registered agent.     0.012       SIGNATURE     FILE NOWI!! FEE IS \$150.00     9. Election Campaign Financing Trust Fund Contribution.     Addred to Fee       Make Check Payable to Florida Department of State     Int.     ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11     ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11       Make Check Payable to Florida Department of State     Int.     ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11       Make Check Payable to Florida Department of State     Int.     ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11       Make Check Payable to Florida Department of State     Int.     ADDI					
Cerrit Lake Gradues beside     Control Address of Current Registered Agent     Crity     City     FL     Zio Code     Street Address (PO. Box Number is Not Acceptable)     City     FL     Zio Code     City     City     FL     Zio Code     City     City     FL     Zio Code     City     FL     Zio Code     City     FL     City     City     FL     City     City     FL     City     City     City     FL     City     City     FL     Ci				Country	59-332U225 Not Applicable
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SUITE 110       City       FL       Zip Code         A 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. I am familiar with, and act the obligations of registered agent.       State of Florida. I am familiar with, and act the obligations of registered agent.         SIGNATURE       Separate typed or privad range or upgames agent and the applicable.       (HOTE Registered Agent signature results when relustancy)       DATE         FILE NOW!!! FEE IS \$150.00       After May 1, 2003 Fee will be \$550.00       (HOTE Registered Agent signature results when relustancy)       DATE         0.       OFFICERS AND DIFECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       Added to Fee         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       Added to Fee         11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND INCOMESS IN 11         11.       ADDITIONS/CHANG				Street Addres	ass (P.O. Box Number is Not Acceptable)
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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. I am familiar with, and act the obligations of registered agent.     Signature, typed or printed name of registered agent and the if applicable.     (NOTE: Registered Agent signature resulted when referatance)     DATE      FILE NOW!!! FEE IS \$150.00     After May 1, 2003 Fee will be \$550.00     Make Check Payable to Florida Department of State     OFFICERS AND DIRECTORS     11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.     ADDITIONS/CHANGES TO OFFICERS 11.     ADDITIONS/CHANGES TO OFFICERS 11.     ADDITIONS/CHANGES TO OFFICERS 11.     ADDITIONS/CHANGES TO OFFICERS 11.     ADDI				City	FI Zip Code
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