Princial Place d Business Mailing Address 2780 S. HORSESHOE DRIVE A0035131 2780 S. HORSESHOE DRIVE STE 1 A104 A0035131 ALPORD Place d Business 3. Mailing Address A104 A0035131 2. Introdue Place d Business 3. Mailing Address Control Place d Business A104 2. Introdue Place d Business 3. Mailing Address Control Place d Business Control Place d Business 2. Introdue Place d Business State at Control Place d Business Control Place d Business Control Place d Business 2. Introdue Place Suite 1 Suite 1 Do NOT WRITE IN THIS SPACE Do NOT WRITE IN THIS SPACE 34104 USA School Place A Business Control State at State at ALFORD, PAUL R Mailing Address O Lymmit Registrate Agein The address of Norther Registrate Agein State at Naples, FL 34104 Control The Address of Lymmit Registrate Agein State at ALFORD, PAUL R State at an address of Lymmit Registrate Agein The Address of Lymmit Registrate Agein State at Naples, FL 34104 Control State Address of Lymmit Registrate Address of Lymmit Reginstrate Address of Lymmit Registrate Addre	DOCUMEN 1. Entity Name	IFORM BUSI T # P950000576 GENERAL CONTRA	Mar 21, 2001 8 Secretary of S	FILED Mar 21, 2001 8:00 am Secretary of State 03-21-2001 90008 020 ***150.00			
City & State City & State 4. FPI Number 59-3325757 Apples Fri Naples, FL Outly 270 County 34104 USA 5. Certificate of Status Desired \$8.75 Additioned 34104 USA 34104 USA 5. Certificate of Status Desired \$8.75 Additioned 4. FEI Number 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent ALFORD, PAUL R 2780 S. Horseshoe Drive State Address (PO. Box Number is Not Acceptable) 22780 S. Horseshoe Dr. , #1 Naples, FL 34104 City Naples FL Zig Code State Address (PO. Box Number is Not Acceptable) 2780 S. Horseshoe Dr. , #1 City Naples City Naples Extended of the or project of changing its registered office or registered agent, or both, in the State of Florida. State of Florida. Side of the order of the order of the order of registered agent, or both, in the State of Florida. State of Florida. Side of the order of	2780 S. HORSESHOE DRIVE2780 SSTE TSTE INAPLES, FL34104NAPLES, FL34104USUS2. Principal Place of Business3. Mailing Ad2780 S. Horseshoe Dr.22780 S			34104	A0035131	A0035131	
34104 USA 34104 USA Productional constructions from the Registered Agent 6. Name and Address of Current Registered Agent	City & State Naples, FL		City & State Naples, FL		<u>5</u> 9-3325757	59-3325757 Not Applicable	
ALFORD, PAUL R 2780 S. Horseshoe Drive Suite 1 Naples, FL 34104 Name Baul R. Alford 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. SIGNATURE Prestore Actives (PO. Box Number is Not Acceptable) 9. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. SIGNATURE Prestore Active and the Prestore and the Active agent and the Prestore and the Active agent and the Prestore and the Prestore and the Prestore agent agen	34104	USA	34104		Fee Re		
Byonder bisdor granted merty registered agent and the a calculatio. (POTE Refigured Agent signatur meruturing) DATE 9. This comportation is eligible to satisfy its Intangble.	2780 S. Horseshoe Drive Suite l Naples, FL 34104				ddress (P.O. Box Number is Not Acceptable) 2780 S. Horseshoe Dr. , #1 Naples FL Zip Code 34104		
(See criteria on back)	Signafure, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when reinstatung) DATE 9. This corporation is eligible to satisfy its Intangible . FILE NOW!!! FEE IS \$150.00: Tax filipo requirement and elects to do so						
TILE PVSDC IDelete TILE PVSDC IX Change Addition NAME STREET ADDRESS 2780 S. Horseshoe Dr., #1 Naples, FL 34104 Paul R. Alford 2780 S. Horseshoe Drive, #1 Imme Naples, FL 34104 T Imme T Imme Imme Imme T Imme	(See criteria on back	()	。 Make Check Payab	le to Departmen	t of State	111 N	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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/o 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. SIGNATURE:							