Apr 11, 2001 08:00 AM Secretary of State  Apr 11, 2001 08:00 AM Secretar	2001	<b>UNIFORM BUSI</b>		FILEI	)						
1.00000007   1.000   1.00000007   1.00000007   1.00000007   1.00000007   1.00000007   1.00000007   1.00000000000000000000000000000000000	1. Entity Name			Apr 11, 2001 08:00 AM							
SURE, Apr. # #60   SURE Apr. #	2450 AIRPORT RI B-218 LONGMONT	СО	2450 AIRPORT RD B-218 LONGMONT	us	со	_					
CICHY & State	•			LE							
AND PROPERTY OF THE STATE OF TH	Suite, Apt. #,	etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
S.   Name   and Address of Current Registered Agent   S.   Certificate of Status Desired   G.   Post Additional   Post Post Post Post Post Post Post Post	JACKSONVILLE	·	JACKSONVILLE								
Addition   CARA   E   2929 F. COMMERCIAL BLVD.	•	us	32224		ntry	1		☐ Fee	Required		
Street Actions   Street Actions   Part   P	<del>-</del> , , , , , , , , , , , , , , , , , , ,	o. Name and Audress of Current F	Registered Agent		Name	7. 1	Name and Address of New Re	gistered Age	nt		4
City   FL   Zip Code	2929 E. COMN			(P.O. B	lox Number is Not Acceptable)			<del>-</del> _,	_		
SIGNATURE    Signature, upod or primed ream of implicence sport and disk 7 sport leads.   NOTE Pregioned Agort signature required union involves.		ALE FI			City				Zip Code		
SIGNATURE    Committee   Commi	8. The above na	amed entity submits this statement for	the purpose of changing its re	egister	<u> </u>	red ad	ent or both in the State of Flor			·	-
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteric on back)	SIGNATURE				<u>.</u>		· -	04/11/20	001		
TITLE NAME CAMERON KENNETH NAME SITERET ADDRESS CITY-ST-ZIP LONGMONT CO 98/503 CITY-ST-ZIP LO	9. This corpora Tax filing req	tion is eligible to satisfy its Intangible uirement and elects to do so.	FILE NOW!!!	FEE 1 Fee	IS \$150.00 will be \$550.00		10. Election Campaign Fina	incing	<b>\$5.0</b> ( Added	May Be to Fees	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del> </del>	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	CERS AND DI	RECTORS	IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS	CAMERON KENNETH 2450 AIRPORT RD B-218		NAM Stri	IE EET ADDRESS				Change	☐ Addition	(11/00)
TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition    NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition    NAME   STREET ADDRESS   CITY-ST-ZIP    NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   Delete   TITLE   DRESS    CITY-ST-ZIP   TITLE   DRESS   CITY-ST-ZIP    TITLE   DRESS   CITY-ST-	NAME STREET ADDRESS		☐ Delete	NAM STRE	ie Eet address			<u> </u>	Change	Addition	CR2E
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES	NAME STREET ADDRESS		☐ Delete	TITU NAM STRE	E IE EET ADDRESS			Ē	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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 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.  SIGNATURE: Kenneth Cameron  P 04/11/2001	NAME STREET ADDRESS		☐ Delete	NAM STRE	EET ADDRESS				Change	☐ Addition	†
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CICHATING AND THEFT OF COMPANY AND ADDRESS	of the corpo	ration or the receiver or trustee empor	wered to execute this report a	reimna	tilite shall have the	രാനവ	leggi effect se it made under e	aths that I am r	n officer	or director	
	SIGNATU	Kenneth Cameron SIGNATURE AND TYPED OR PE	NAME OF SIGNING OFFICER OF	R DIRECT	TOR	P		, Davtır	e Phone #		