DOCUMENT # P95000090954 1. Entity Name					FILED Feb 11, 2000 8:00 am			
RAISE T	HE MAIN, INC.				Secretary of	State	e	
Principal Plac	ee of Business	Mailing Address			02-11-2000 90021 010 '	*** 150.00		
28555 JOLLY R SUMMERLAND		28555 JOLLY ROGER DRIVI SUMMERLAND KEY FL 330						
	ceanside MATINO) 68 18 4 6	() () () ()	
3950 Penensular Ave		28555 Jolly Roger Do						
Dock Apt.	# 687	Little Tord	Wen FL		DO NOT WRITE IN THIS S		plied For	
City & Stat	West, FL	Ley West	FL'	4.	65-0603774	No	t Applicable	
33°040	LUS A	<u> 3</u> 3040	LUS A	_ `		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent Name GRANT, KARLEEN A 604 WHITEHEAD STREET Street Address (Duke So Thumber Not Acceptably			
KEY	WEST FL 33040		134+16 City	2 T	orch Wen, The	Zing Cloyde	مالم	
8. The above	named entity submits this statement fo	r the purpose of changing its	registered office or regis	tered ag		12220	270	
SIGNATURE .	Signature, types or printed name of registered agent	Tule MOT	E: Registered Agent signature requ	ired when c	2/7/2	000		
Tax filing r	oration is engible to satisfy its Intangible requirement and elects to do so.	FILE NOW After MAY 1, 20	!!! FEE IS \$150.00 100 Fee will be \$550.00 ble to Department of S)	10. Election Campaign Financing Trust Fund Contribution.		O May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.		DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUKE, JOHN 28555 JOLLY ROGER DRIVE SUMMERLAND KEY FL	☐ Delete ·	NAME STREET ADDRESS CITY-ST-ZIP			Change		
TITLE NAME STREET ADDRESS	VP 3 DUKE, BEATRIZ 28555 JOLLY ROGER DRIVE	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Additio	
CITY-ST-ZIP	SUMMERLAND KEY FL	Delete	CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		CA Delete	NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS	<i>i</i> / ·	☐ Delete	TITLE NAME STREET ADDRESS	·		☐ Change	Additio	
CITY-ST-ZIP TITLE	<u> </u>	☐ Delete	CITY-ST-ZIP TITLE			Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u> .				
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the col changed	in this report or suppliemental report is rportation or the receiver or trustee emply, or on an attachment with an address,	s true and accurate and that i owared to execute this report	or the exemption stated in my signature shall have the tas required by Chapter (ne same	119.07(3)(i), Florida Statutes. I further cer legal effect as if made under oath; that I ida Statutes; and that my name appears i	ann an omcer	or unector	
SIGNAT	SIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date C	Daytime Phone #	<u> </u>	