FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 91105 022 ***150.00

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MENTZER, RICKY L 21426 SHELDON AVE. PORT CHARLOTTE FL 33952 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordia. SIGNATURE Signature, speed or similar remains of largetimes agent and title it especies	Zip	Country	Zip	ntry	5.	5 Certificate of Status Desired \$8.75 Additional					
MENTZER, RICKY L 21426 SHELDON AVE. PORT CHARLOTTE FL 33952 City FL Zip Code City	* . ,	6. Name and Address of Current	Registered Agent		T+	7.	Name and Addr	ess of New R			
21426 SHELDON AVE. PORT CHARLOTTE FL 33952 6. 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 Signature, hybrid or princip name of registered agent and 1918 7 applicable. CHOTE: Registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or princip name of registered agent and 1918 7 applicable. CHOTE: Registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or princip name of registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or princip name of registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or princip name of registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or princip name of registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or princip name of registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or princip name of registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or princip name of registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or princip name of registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or princip name of registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or princip name of registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or princip name of registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or princip name of registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or princip name of registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or princip name of registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or satisfy its Intangule Signature, hybrid											
8. The above named critity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE ADDRESS ON SITER ADDRESS O	2142	26 SHELDON AVE.			Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. SIGNATURE Synature, hybrid or printed nerse of registered agent and stor? Applicable. (NOTE: Registered Agent algorium required when revoluting) This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. ()	1011	·			City			- -	- EI	Zip Cod	
SIGNATURE ### Sprintum, typed or printed name of registered agent and title if applicable. Note:					<u> </u>					<u></u>	
Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. So. Officers AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Number of State Number		Signature, typed or printed name of registered agent				ired when	Ţ	^			
ITTLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tax filing	requirement and elects to do so.	After MAY 1,	2001 Fee	will be \$550.00		1			\$5.0 Added	O May Be I to Fees
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		pertify that the information supplied with	this filling does not qualify			Soction	110.07/2V// Fl-	ide Statutes 1	further =====	u that tha :-	formation

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: