2001 UNIFORM BUS			A	mended .		
DOCUMENT # \$7600000 535			<b>گ</b>	APPROVED APPROVED		
B'S PARKING				FILED		
Principal Place of Business 401 BANYAN STREET WEST PALM BEACH, FL 33401  Mailing Address POST OFFICE WEST PALM BEACH 33401				OI JUL 19 AH II: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State City & State				FEI Number Applied For 65-0640246 Not Applicable		
Zip Country 33401 PALM BEACH		Country PALM BEA	CH	Certificate of Status Desired See Required Fee Required		
6. Name and Address of Current DAVID B. NISONGER 7178 BOBALINK COURT LAKE WORTH, FLORIDA 3	Street Add	7. Name and Address of New Registered Agent  MARY V. NISONGER Address (P.O. Box Number is Not Acceptable)  7178 BOBALINK COURT				
		City	LAKE V	FL Zip Code 33467		
8. 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     MARY NISONGET						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE IS \$150  After MAY 1, 2001 Fee will be 3  Make Check Payable to Departme			0.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11. OFFICERS AND		12.	ΑC	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	34 (11/00)	
TITLE NAME DAVID B. NISONER STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY V. NISONGER 7178 BOBALINK COURT			
TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			
NAME STREET ADDRESS		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	SEC-TRES. Change Addition ONALD PARISE 1520 WHITEHALL DR. # 105			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME , STREET ADDRESS CITY-ST-ZIP	rr. t	AUDERDALE, FL <sub> </sub> 33424 Anange □ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		8000045106384 -08/01/0101017005 *****61.25 *****61.25		
TITLE NAME STREET ADDRESS CITY 18T-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change □ Addition	<u>;</u> 	
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: May						