

DOCUMENT # P96000053520

Principal Place of Business	Mailing Address
1250 NORWOOD PLACE ORLANDO FL 32804	1250 NORWOOD PLACE ORLANDO FL 32804

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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Zip	Country	Zip	Country
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8. The above named entity submits this statement for the purpose of changing its registered office or register

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

11.	OFFICERS AND DIRECTORS	12.
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TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

SIGNATURE: Robert O. Taulick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[illegible]

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent	
O. Box Number is Not Acceptable)	
FL	Zip Code

d agent, or both, in the State of Florida.

When reinstating) _____ DATE _____

10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

tion 119.07(3)(i), Florida Statutes. I further certify that the information
ame legal effect as if made under oath; that I am an officer or director
Florida Statutes; and that my name appears in Block 11 or Block 12 if

2-4-01 401-422-1498

CR2E034 (10/00)