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|------------------------------------|----------------|
| 4. FEI Number 65-0742755 | Applied For |
| | Not Applicable |

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPERBER, KENNETH
4485 WHITE CEDAR LANE
DELRAY BEACH FL 33445

Name _____

Street Address (P O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating.

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

| | |
|-----|------------------------|
| 10. | OFFICERS AND DIRECTORS |
|-----|------------------------|

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------|-----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SPERBER, KENNETH H | |
| STREET ADDRESS | 4485 WHITE CEDAR LANE | |
| CITY - ST - ZIP | DELRAY BEACH FL 33445 | |

| | | |
|-----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STAFF ADDRESS | | |
| CITY - ST - ZIP | | |

| TITLE | <input type="checkbox"/> Delete |
|-----------------|---------------------------------|
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| TITLE | <input type="checkbox"/> Delete |
|-----------------|---------------------------------|
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| TITLE | <input type="checkbox"/> Delete |
|-----------------|---------------------------------|
| NAME | |
| STAFF ADDRESS | |
| CITY - ST - ZIP | |

| TITLE | <input type="checkbox"/> Delete |
|-----------------|---------------------------------|
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | U00000219769 |
| STREET ADDRESS | 02/08/05-80040-011 158.75 |
| CITY - ST - ZIP | |

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|---------------------------------|-----------------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

| | | |
|----------------|---------------------------------|-----------------------------------|
| FILE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------------|-----------------------------------|
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | | |
|-----------------|---------------------------------|-----------------------------------|
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|---------------------------------|-----------------------------------|
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #