

1990

01-14-2008 90091 003 ***150.00

Mailing Address

4571 126TH DR N
WEST PALM BEACH, FL 33411

01062008 No Chq-P CR2E034 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

TITLE	PD
NAME	CORUM, SCOTT Karew
STREET ADDRESS	4571 126TH DR N
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	VP
NAME	CORUM, SCOTT
STREET ADDRESS	4571 126TH DR N
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dentist

Daytime Phone #