DOCUMENT # O TO 1. Entity Name University Townsy of Principal Place of Business 2546 N.W. 744 Gainesville, Pl. 3265	Mailing Address Place Sar	ne	AMEN	SECRETARY OF SECRETARY OF SEVISION OF CORF OI JUL 17, AP		
2. Principal Place of Business			_			
Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	City & State		4. FEI N	umber 9-3448985	├ ~	pplied For ot Applicable
Zip Country	Zip	Country	5. Certif	icate of Status Desired	\$8.75 Ac Fee Requir	
6. Name and Address of Cu	rrent Registered Agent	Name	7. Name	and Address of New Register	ed Agent	
Moore, Stephen 2817 N.W. 7		t Address (P.O. Box Number is Not Acceptable)				
Guinesville, FL 32653		City	City FL Zip Code			Je
9. This corporation is eligible to satisfy its Intar Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS	FEE IS \$150.00 1 Fee will be \$550.00 2 to Department of S	tate	DA D	S5.I		
- Joseph Control of the		NAME STREET ADDRESS 2		. Moore W. 57 Place Fe 32653		Addition
STREET ADDRESS 23 10	. □ Delete uce 32653	NAME STREET ADDRESS CITY-ST-ZiP			☐ Change	Addition
23 10 11 10	□ Delete Pluce 32653	TITLE NAME STREET ADDRESS CITY-ST-ZIP		50000449 -07/24/01 *****861.7	Change 4315 -01096	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			`∏ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Marko	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	☐ Addition
13. I hereby certify that the information supplies indicated on this report or supplemental report the corporation or the receiver or trustee changed, or on an attachment with an additional supplies. SIGNATURE:	port is true and accurate and that my empowered to execute this report as ess, with all other like empowered.	signature shall have th s required by Chapter 6	e same legal	effect as if made under oath; the	at I am an office	or director