	MENT # P97000	043863		$\operatorname{Mar} 12,2001 8:00 \text{ an}$
<ol> <li>Entity Nam</li> </ol>				Secretary of State 03-12-2001 90026 030 ***150.00
Principal Plac 945 SUNSET I LEARWATER I		Mailing Address 1945 SUNSET PT RD CLEARWATER FL 33765		
2. Principal P	Place of Business	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt, #, etc.		DO NOT WRITE IN THIS SPACE
City & Stat	e	City & State	·	4. FEI Number 59-3453552 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Status Desired Fee Required
	6. Name and Address of Curren	nt Registered Agent		7. Name and Address of New Registered Agent
CULBERTSON, THÉODORE R 1172 BROWNELL ST CLEARWATER FL 34615			Stre	et 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 it	s registered offi	ce or registered agent, or both, in the State of Fiorida.
SIGNATURE				
	Signature, typed or printed name of registered age	ent and little if applicable. (NO	TE: Registered Agent	signature required when reinstating) DATE
• *	and a stable to establish the second	1		
Tax filing i	oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back)	After MAY 1, 2	001 Fee will b	e \$550.00 Trust Fund Contribution Added to Fees
Tax filing i	requirement and elects to do so. ria on back)	After MAY 1, 2	001 Fee will b	e \$550.00         To: Election Campage minimizing         \$5.00 May Be           nent of State         Trust Fund Contribution.         Added to Fees           ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11
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