## **FILED** Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90030 002 \*\*\*150.00

P97000054411

1. Entity Name

Zip

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

FROMMHOLZ, PHILIP

2926 MARKRIDGE ROAD SARASOTA FL 34231

the obligations of registered agent.

PHIL THE MOVER OF SARASOTA, INC.

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

☐ Delete

☐ Delete

Delete

Delete

☐ Delete

☐ Delete

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

FROMMHOLZ, PHILIP L

SARASOTA FL: 34231

WEBER, JUDITH M

**NUTTER, TED** 

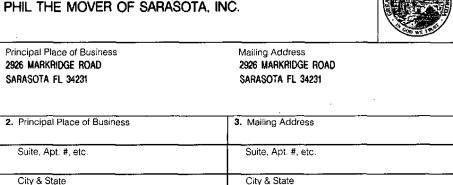
2926 MARKRIDGE ROAD

2926 MARKRIDGE ROAD

2926 MARKRIDGE ROAD

SARASOTA FL 34231

SARASOTA FL 34231



	() <b>88</b> /() <b>88</b> /() <b>88/8</b> ( )	

CHECK HERE IF MAKING CHANGES Applied For 65-0773448 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Addition ☐ Change TITLE NAME STREET ADDRESS ÇITY-ST-ZIP TITLE ☐ Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change Addition TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachmen like empowered.

CITY-ST-7/P

SIGNATURE:

Daytime Phone #