2001 UNIFORM DOCUMENT # PG	N BUSINESS REI 17000054459 1 Home Inspec	7 18 3,	FILE: May 21, 200 Secretary o	1 8:00 am f State
	34//7 Naph	13 th PS FL 34/17-2193	00055991	
2. Principal Place of Business ' Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	City & State		4. FEI Number 65-0879234	Applied For Not Applicable
Zip Country	Zíp	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Addres	ss of Current Registered Agent		7. Name and Address of New Registered	Agent
Vanda Grey	gory R	Name	•	
611 13th St	5. W.	Street Address (I	P.O. Box Number is Not Acceptable)	
Naples FL.	34111	City	FL	Zip Code
·	s statement for the purpose of changi	ng its registered office or register	red agent, or both, in the State of Florida.	26-Q5 ·
Signature, typed or printed name of	of registered agent and title if applicable.	(NOTE: Registered Agent signature required	when reinstating) DATE	
9. This corporation is eligible to satisfy Tax filing requirement and elects to (See criteria on back) Output Description Descript	do so. After MAY	OWI!! FEE IS \$150.00 1, 2001 Fee will be \$550.00 Payable to Department of Stat	10. Election Campaign Financing Trust Fund Contribution. [\$5.00 May Be Added to Fees
11. OF	FICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Wanda Gre 6/1/3 th Naples F/	egory R 15+15.W. 34/17	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change
TITLE NAME Vanda Dia STREET ADDRESS CITY-ST-ZIP Name Vanda FI	ena Delete 575.W. 34117	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition 🕏
TITLE	Delete	TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	- American	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CIIY-ST-ZIP		Change Addition
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		Change Addition
indicated on this report or supplem of the corporation or the receiver or	nental report is true and accurate and	that my signature shall have the s eport as required by Chapter 607	ction 119.07(3)(i), Florida Statutes, i further ce same legal effect as if made under oath; that I r, Florida Statutes; and that my name appears 4 - 26 - 01	am an officer or director