Principal Race of Business       Melling Address         BROW NSTA LINE (CI NDAIN ROCKS EACH FL 33785       Melling Address         Suite, Apt. # etc.       Suite, Apt. # etc.         Suite, Apt. # etc.       Suite, Apt. # etc.         City & State       4. FEL Number (Sign NSTA LINE (Sign NSTA LINE)         Zip       Country         Zip       Country         Suite, Apt. # etc.       Suite, Apt. # etc.         City & State       4. FEL Number (Sign Apt. # etc.)         A. Nume and Address of Current Registered Agent       T. Name and Address of Rev Registered Agent         BROMEERS, SHIRLEY R 18201 VISTA LIN. Street Address (F. G. Box Number is Not Acceptable)       Street Address (F. G. Box Number is Not Acceptable)         Street Address (F. G. Box Number is Not Acceptable)       Street Address (F. G. Box Number is Not Acceptable)         Street Address (F. G. Box Number is Not Acceptable)       Street Address (F. G. Box Number is Not Acceptable)         Street Address (F. G. Box Number is Not Acceptable)       Street Address (F. G. Box Number is Not Acceptable)         Street Address (F. G. Box Number is Not Acceptable)       Street Address (F. G. Box Number is Not Acceptable)         Street Address (F. G. Box Number is Not Acceptable)       Street Address (F. G. Box Number is Not Acceptable)         Street Address (F. G. Box Number is Not Acceptable)       Street Address (F. G. Box Number is Not Acceptable) </th <th>. Entity Nam</th> <th></th> <th>SINESS REPO 000054726</th> <th>DRT (UBR)</th> <th>FILED Apr 16, 2002 8:00 a Secretary of State 04-16-2002 90130 046 ***150.00</th> <th>an ?</th>	. Entity Nam		SINESS REPO 000054726	DRT (UBR)	FILED Apr 16, 2002 8:00 a Secretary of State 04-16-2002 90130 046 ***150.00	an ?
	9201 VISTA L IC1	LANE (G	19201 VIȘTA LANE C1 INDIAN SHORES FL 3378	5		
Zip     Country     Zip     Country     S. Cartificate of Status Desired     S8,75     Additional Fee Required       8. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     8. Cartificate of Status Desired     S8,75     Additional Fee Required       BROMBERG, SHIRLEY R 19201 VISTA LN. STE C1 INDIAN SHORES FL 33785     Name     Name     Name       INDIAN SHORES FL 33785     City     FL     Zip Code       The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.     Street Address (P.O. Box Number is Not Acceptable)       (GNATURE     Street Address (P.O. Box Number is Not Acceptable)     City     FL     Zip Code       The above named entity submits this statement for the purpose of changing its registered Agent expenses registered agent, or both, in the State of Florida.     Mate     City     FL     Zip Code       If an accurrent and elects to gos.     FILE NOW!!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State     10. Elécition Campaign Financing     \$5.00 May B       17. OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       17. Strep     Inter Audress Strep Address     Inter Address Strep Address     Inter Address Strep Address       17. Strep     Inter Address Strep Address Strep Address     Inter Address Strep Address     Inter Address Strep Address <th></th> <th></th> <th></th> <th></th> <th></th> <th>1821</th>						1821
Zip       Country       Zip       Country       S. Certificate of Status Dealed       SE.75 Additional Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         BROMBERG, SHIRLEY R 19201 VISTA LN. STE C1       Name       Name       Name         INDUAN SHORES FL 33785       City       FL       Zip Code         . 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.       Street Address (P.O. Box Number is Not Acceptable)         IGNATURE	City & Stat	te	City & State		50-345431N	
B. Name and Address of Current Registered Agent     T. Name and Address of New Registered Agent     Name     Street Address of New Registered Agent     Name     Street Address of New Registered Agent     Name     Street Address (P.O. Box Number is Not Acceptable)     City     FL     Zip Code     City     FL     Zip Code     City     FL     Zip Code     City     FL     Zip Code     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.     (MOTE: Registered Agent speaker registered agent, or both, in the State of Florida.     (MOTE: Registered Agent speaker registered agent, or both, in the State of Florida.     (MOTE: Registered Agent speaker registered agent, or both, in the State of Florida.     (MOTE: Registered Agent speaker registered agent, or both, in the State of Florida.     (MOTE: Registered Agent speaker registered agent, or both, in the State of Florida.     (MOTE: Registered Agent speaker registered agent, or both, in the State of Florida.     (MOTE: Registered Agent speaker registered agent, or both, in the State of Florida.     (MOTE: Registered Agent speaker registered agent, or both, in the State of Florida.     (MOTE: Registered Agent speaker registered agent, or both, in the State of Florida.     (MOTE: Registered Agent speaker registered agent, or both, in the State of Florida.     (MOTE: Registered Agent speaker     (MOTE: Reg	Zip	Country	Zip	Country	5 Certificate of Status Desired 58.75 Additional	
BROMBERG, SHIRLEY R       Street Address (P.O. Box Number is Not Acceptable)         19201 VISTA LN.       Street Address (P.O. Box Number is Not Acceptable)         STE C1       INDIAN SHORES FL 33765         INDIAN SHORES FL 33765       City         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.         IGNATURE		6. Name and Address of Curro	ent Registered Agent			
19201 VISTA LN.       Decemposition of the composition of the composited composited compositic of the composited composition				Name		
INDIAN SHORES FL 33785       City       FL       Zip Code         City       FL       Zip Code         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.         GNATURE         GNATURE         GNATURE         The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.         GNATURE         The opportation is eligible to satisfy its intangible.         After May 1; 2002 Fee will be \$550.00         Make Check Payable to Department of State         IND corporation is eligible to satisfy its intangible.         City         City Colspan="2">DATE         OFFICERS AND DIRECTORS         Contribution.         Contribution.         Contribution.         Contribution.         City Code         This contribution.         City State         OFFICERS AND DIRECTORS         12.         Addition Contribution.         City Contribution.	19201 VIS			Street Addre	ess (P.O. Box Number is Not Acceptable)	
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.  GNATURE  GRATURE  GIVENT State of registered agent and tell # applicable.  (NOTE: Registered Agent signature registered agent, or both, in the State of Florida.  GNATURE  GIVENT State  FILE NOWI!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  After May 1, 200  After May 1, 200  After M		HORES FL 33785		City		
GNATURE     Signature. typed or printed name of registered agent and tile if applicable.     (NOTE: Registered Agent signature required when reinstaling)     DATE     This corporation is eligible to satisfy its Intangible     Tax filing requirement and elects to do so.     After May 1; 2002 Fee will be \$550.00     Make Check Payable to Department of State     OFFICERS AND DIRECTORS     OFFICERS     OFF			· · · · · · · · · · · · · · · · · · ·			
LE       D       Delete       TITLE       Change       Addi         ME       BROMBERG, SHIRLEY R       NAME       STREET ADDRESS       CITY-ST-ZIP       C       Addi         19201 VISTA LANE STE C1       INDIAN SHORES FL 33785       Delete       TITLE       Addi       Addi         ILE       Delete       TITLE       NAME       STREET ADDRESS       CITY-ST-ZIP       C       Addi         VEE       Delete       TITLE       NAME       STREET ADDRESS       CITY-ST-ZIP       C       Addi         VEET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       C       Change       Addi         VEET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       C       Change       Addi         WE       Delete       TITLE       NAME       STREET ADDRESS       CITY-ST-ZIP       C       Addi         VEET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       C       C       Addi         VEET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       C       Addi         VEET ADDRESS       CITY-ST-ZIP       C       C       Addi         VEET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       C       Addi         VEET ADDRESS       STREET ADDRESS <th>, This corpo</th> <th></th> <th></th> <th></th> <th></th> <th>-</th>	, This corpo					-
ME BROMBERG, SHIRLEY R 19201 VISTA LANE STE C1 INDIAN SHORES FL 33785 LE I Delete TITLE INAME KEET ADDRESS Y-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP LE I Delete TITLE INAME STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE I Delete TITLE INAME STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE I Delete TITLE INAME STREET ADDRESS Y-ST-ZIP LE I Delete STREET ADDRESS STREET ADDRESS	Tax filing r	oration is eligible to satisfy its Intang requirement and elects to do so. ria on back)	ible FILE NOW After May 1; 20 ☐ Make Check Paya	III FEE IS \$150.00 002 Fee will be \$550.0 ble to Department of	00 State 10. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fer	es
LE Change Addi ME REET ADDRESS Y-ST-ZIP LE Delete TITLE ME REET ADDRESS Y-ST-ZIP LE Delete TITLE NAME STREET ADDRESS Y-ST-ZIP LE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP LE Delete TITLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Tax filing r (See criter	oration is eligible to satisfy its Intang requirement and elects to do so. ria on back) [ OFFICERS A	ible FILE NOW After May 1, 20 Make Check Paya	1!!         FEE IS \$150.00           002         Fee will be \$550.0           ble to Department of 12.         12.	00       10. Election Campaign Financing       \$5.00 May         10. Trust Fund Contribution.       Added to Fer         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	es 1
ME     NAME       REET ADDRESS     STREET ADDRESS       Y-ST-ZIP     CITY-ST-ZIP       LE     Delete       ME     NAME       NAME     NAME       NAME     STREET ADDRESS       Y-ST-ZIP     Change       Addit       ME     STREET ADDRESS       Y-ST-ZIP     CITY-ST-ZIP       LE     Delete       NAME       Y-ST-ZIP     CITY-ST-ZIP       LE     Delete       ILE     Delete       TITLE     Change       NAME       REET ADDRESS       Y-ST-ZIP	Tax filing r (See criter LE ME REET ADDRESS	oration is eligible to satisfy its Intang requirement and elects to do so. ria on back) OFFICERS A D BROMBERG, SHIRLEY R 19201 VISTA LANE STE C1	ible FILE NOW After May 1, 20 Make Check Paya	III FEE IS \$150.00 D02 Fee will be \$550.0 ble to Department of 1 12. TITLE NAME STREET ADDRESS	10. Election Campaign Financing Trust Fund Contribution.     Added to Fei      ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11      Change A	es 1
E ADDRESS AE Change Addi NAME STREET ADDRESS A-ST-ZIP E ADDRESS AE CITY-ST-ZIP E ADDRESS EET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Tax filing r (See criter E AE EET ADDRESS (-ST-ZIP	oration is eligible to satisfy its Intang requirement and elects to do so. ria on back) OFFICERS A D BROMBERG, SHIRLEY R 19201 VISTA LANE STE C1	ible FILE NOW After May 1; 20 Make Check Paya ND DIRECTORS	III FEE IS \$150.00 D02 Fee will be \$550.0 ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	00       10. Election Campaign Financing       \$5.00 May         1 State       Trust Fund Contribution.       Added to Fer         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Change       A	es 1 .dditio
AE     NAME       LEET ADDRESS     STREET ADDRESS       Y-ST-ZIP     CITY-ST-ZIP       LE     Delete       ME     TITLE       AE     NAME       LE     STREET ADDRESS       LE     STREET ADDRESS       JDElete     TITLE       NAME     STREET ADDRESS       LEET ADDRESS     STREET ADDRESS	Tax filing r (Seë criter AE EEET ADDRESS Y-ST-ZIP EEET ADDRESS EEET ADDRESS	oration is eligible to satisfy its Intang requirement and elects to do so. ria on back) OFFICERS A D BROMBERG, SHIRLEY R 19201 VISTA LANE STE C1	ible FILE NOW After May 1; 20 Make Check Paya ND DIRECTORS	111       FEE IS \$150.00         002       Fee will be \$550.00         ble to Department of 1         12.         111LE         NAME         STREET ADDRESS         CITY-ST-ZIP         TITLE         NAME         STREET ADDRESS         STREET ADDRESS	00       10. Election Campaign Financing       \$5.00 May         1 State       Trust Fund Contribution.       Added to Fer         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Change       A	es 1 .dditio
LE Delete TITLE Change Addi ME IEET ADDRESS STREET ADDRESS	Tax filing r (See criter LE KET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP	oration is eligible to satisfy its Intang requirement and elects to do so. ria on back) OFFICERS A D BROMBERG, SHIRLEY R 19201 VISTA LANE STE C1	ible FILE NOW After May 1; 20 Make Check Paya ND DIRECTORS	III FEE IS \$150.00         D02 Fee will be \$550.0         ble to Department of 1         12.         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP	10.: Election Campaign Financing Trust Fund Contribution.       \$5.00 May Added to Fer         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change       A         Change       A	es 1 additic
	Tax filing r (See criter LE ME REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE ME LE ME	oration is eligible to satisfy its Intang requirement and elects to do so. ria on back) OFFICERS A D BROMBERG, SHIRLEY R 19201 VISTA LANE STE C1	ible FILE NOW After May 1; 20 Make Check Paya ND DIRECTORS	III FEE IS \$150.00         D02 Fee will be \$550.0         ble to Department of 3         12.         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         TITLE         NAME         STREET ADDRESS         STREET ADDRESS	10.: Election Campaign Financing Trust Fund Contribution.       \$5.00 May Added to Fer         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change       A         Change       A	es 1 additio
Y-ST-ZIP CITY-ST-ZIP	Tax filing r (See criter LE ME REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME	oration is eligible to satisfy its Intang requirement and elects to do so. ria on back) OFFICERS A D BROMBERG, SHIRLEY R 19201 VISTA LANE STE C1	ible FILE NOW After May 1; 20 Make Check Paya ND DIRECTORS	III FEE IS \$150.00         D02 Fee will be \$550.0         ble to Department of 3         12.         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         TITLE         NAME	10. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Added to Fer         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Change       A	es 1 dditio dditio
LE - Delete TITLE Change Addi ME DELETADDRES	Tax filing r (Seë criter AE EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP EET ADDRESS	oration is eligible to satisfy its Intang requirement and elects to do so. ria on back) OFFICERS A D BROMBERG, SHIRLEY R 19201 VISTA LANE STE C1	ible FILE NOW After May 1; 20 Make Check Paya ND DIRECTORS	III FEE IS \$150.00         D02 Fee will be \$550.0         ble to Department of 3         12.         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         TITLE         NAME	10. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Added to Fer         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Change       A	es 1 dditio dditio
r-ST-ZIP CITY-ST-ZIP	Tax filing r (Seë criter AE EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E E	oration is eligible to satisfy its Intang requirement and elects to do so. ria on back) OFFICERS A D BROMBERG, SHIRLEY R 19201 VISTA LANE STE C1	ible FILE NOW After May 1; 20 Make Check Paya ND DIRECTORS	III FEE IS \$150.00         D02 Fee will be \$550.0         ble to Department of 3         12.         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         TITLE         NAME	10. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Added to Fer         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Change       A          Change       A          Change       A          Change       A          Change       A           Change       A	es 1 
E Delete TITLE Change Addit AE STREET ADDRESS (-ST-ZIP	Tax filing r (Seë criter AE EET ADDRESS A-ST-ZIP E EET ADDRESS AE EET ADDRESS AE EET ADDRESS AE EET ADDRESS AE EET ADDRESS EET ADDRESS	oration is eligible to satisfy its Intang requirement and elects to do so. ria on back) OFFICERS A D BROMBERG, SHIRLEY R 19201 VISTA LANE STE C1	ible FILE NOW After May 1; 20 Make Check Paya ND DIRECTORS	III FEE IS \$150.00         D02 Fee will be \$550.0         ble to Department of 3         12.         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         TITLE         NAME         STREET ADDRESS         STREET ADDRESS	10. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Added to Fer         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Change       A          Change       A          Change       A          Change       A          Change       A           Change       A	es 1 dditio dditio dditio