

FILED
Mar 05, 2001 8:00 am
Secretary of State

DOCUMENT # P97000076179

Principal Place of Business	Mailing Address
413 PARTRIDGE CIRCLE SARASOTA FL 34236	413 PARTRIDGE CIRCLE SARASOTA FL 34236

City & State	City & State
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Zip	Country	Zip	Country
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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NAME		
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CITY - ST - ZIP		

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STREET ADDRESS		
CITY - ST - ZIP		

SIGNATURE: Calvert T. Hawkes CALVERT T. HAWKES PRESIDENT 2/28/01 (941) 363-9688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #