	Applied For Not Applicable Additional Jired
2. Plincipal Place of Business 3. Mailing Address Suite, Apt. #, etc. Do NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State 5. Certificate of Status Desired Suite, Apt. #, etc. State City & State 4. FEI Number 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, MARK Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Country Street Address (P.O. Box Number Is Not Acceptable) City FL Street Address (P.O. Box Number Is Not Acceptable) City FL City FL Street Address (P.O. Box Number Is Not Acceptable) City FL Street Address (P.O. Box Number Is Not Acceptable) City FL Street Address (P.O. Box Number Is Not Acceptable) City FL Street Address (P.O. Box Number Is Not Acceptable) City FL Street Address (P.O. Box	Applied For Not Applicable Additional Jired
City & State City & State 4. FEI Number 65-0784369 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 A A Fee Requires Street Address of Current Registered Agent 7. Name and Address of New Registered Agent Ree Requires DAVIS, MARK Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Country City City FL Zip Country 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. Signature, typed or printed name of registered agent and the it applicable. (NOTE: Registered Agent signature regulted when reinstaine) Date 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Inter May 1, 2002 Fee will be \$550.00 Name Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.400 11 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 2. 11 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 2. 11 OFFICERS AND DIRECTORS 12. ADDITIONS	Not Applicable Additional Jired
Zip Country Zip Country S. Certificate of Status Desired \$8.75 A Fee Requit 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, MARK Street Address (P.O. Box Number is Not Acceptable) Name DAVIS, MARK Street Address (P.O. Box Number is Not Acceptable) Encoded agent City FL Zip Co 8. 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5. Add 11 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR \$5. Add 11 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR \$5. Add 11 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS \$5. Add 11 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS \$5. Add 11 DAVIS, MARK Str	Not Applicable Additional Jired
	Jired
DAVIS, MARK 2401 W CYPRESS CREEK RD FT LAUDERDALE FL 33309 City Example City FL Zip Co B. 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent signature required when reinstaing) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) I1:- OFFICERS AND DIRECTORS I2: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I12: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I12: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITHE DAVIS, MARK If the State State Ct	ode
2401 W CYPRESS CREEK RD FT LAUDERDALE FL 33309 Sileer Address (F.O. Box Number is Not Acceptable) City FL Zip Co 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulted when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax fling requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5. Add 11 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS \$2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11 Delete TITLE NAME Date P. D. X change 11 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR X change 11 Delete TITLE P. D. X change X change 11 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR X change 11 Delete TITLE X change X change X cha	ode
FT LAUDERDALE FL 33309 City FL Zip Col City FL Zip Col B. 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. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible THE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Inter Contribution. It OFFICERS AND DIRECTORS It OFFICERS AND DIRECTORS It.e P. O. Make Check It.e P. O. Date It.e P DAVIS, MARK Iter ADDRESS STREET ADDRESS STREET ADDRESS Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan= 2"	ode
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW !!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5. Add 1 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Add 1 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Change ITLE P Delete TITLE P. O. Change MARE TREET ADDRESS STREET ADDRESS ZAO1 Cyptopes Cupey	·····
TREET ADDRESS 1461 NE 56TH CT STREET ADDRESS 2401 W. Cypiess Clock KD.	
	٩
ITLE T Delete TITLE Change AME DAVIDSON, TIM NAME TREET ADDRESS 2000 NW 44TH ST STREET ADDRESS ITY-ST-ZIP OAKLAND FL 33334 CITY-ST-ZIP	je 🔭 🔲 Addition
TILE S Delete TITLE S. D. X Change AME DEEB, CHUCK NAME NAME STREET ADDRESS 3161 NW 63RD ST. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-Z	e 🗌 Addition
ITLE V Delete TITLE V P., O. Change AME BORREGARD, BILL NAME NAME STREET ADDRESS 24528 W VILLAGE DR STE 2006 STREET ADDRESS CITY-ST-ZIP	e 🗋 Addition
TLE Delete TITLE Change AME NAME TREET ADDRESS TY-ST-ZIP CITY-ST-ZIP	e 🗋 Addition
ILE Delete TITLE Change ME REET ADDRESS TY-ST-ZIP IDENTIFY ST-ZIP	e 🗌 Addition