2000 UNIFORM BUSINESS REPORT (UBR

SIGNATURE:

FILED May 21, 2002 8:00 am Secretary of State

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rincipal Place of Busi 525 Hwy 17 N	iness	Mailing A	ddress					
/inter Heaven, F	L							
3881								
Principal Place of I		3. Mailing Ad	ddress					
525 Lake Alfred Road		500 E Semoran Blvd, Ste 2-J			_			
Suite, Apt. #, etc.		Suite, Apt.	. #, etc.			DO NOT WRITE IN	THIS SPA	CE
City & State		City & Sta			4. FEI Number		${\top}$	Applied For
inter Haven, FL		Casselberr	y, Florida		65-0831117		-	Not Applicable
Zip	Country	Zip		Country	5. Certificate o	Status Desired	\$8.75	Additional
8881	USA	32707		USA	J. Certificate 0		Fee Requ	⊔ired
b. Nam	e and Address of Current	Registered Ag	gent		7. Name and Ad	dress of New Regist	tered Age	nt
JOH DAVDE C	21 IDNILIA A			Name		STATE SHAPE OF THE PARTY OF THE		
NGH HAYRE, G 25 LAKE ALFRI		•		<u></u>				
25 LAKE ALFRI NTER HAVEN				Street Addre	ss (P.O. Box Number	s Not Acceptable)	·	
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				0.4				
				City			FL	p Code
The above named e	entity submits this statemen	t for the purpos	e of changir	a its registered office	or registered agent, o	r both in the State of		
SNATURE	entity submits this statemen				or registered agent, o	r both, in the State of	Florida.	
SNATURE Signature	e, typed or printed name of regis				or registered agent, o		Florida.	Date
NATURE Signature	e, typed or printed name of regis	stered agent and ti	tle if applicabl	le. (NOTE: Registere	d Agent signature required			Date \$5.00
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