Prince of Business 2811-E INDISTRAL PLAA TALAHASSEE, FL 32301 2811-E INDISTRAL PLAA TALAHASSEE, FL 32301 281-FE INDISTRAL PLAA TALAHASSEE, FL 32301 DO NOT WRITE IN THIS SPACE OPERATION OF THE IN THIS SPACE IN Charles A Counter Tregistered Agent C. Name and Address of Current Registered Agent C. Name and Address of Current Registered Agent CARDER C. CHARLES R 1300 ThrUMASSWOOD DRIVE TALLAHASSEE, FL 32312 DO NOT WRITE IN THIS SPACE Set of Address of Current Registered Agent CARDER C. CHARLES R 1300 ThrUMASSWOOD DRIVE TALLAHASSEE, FL 32312 DO NOT WRITE IN THIS SPACE Store of the purpose of charging its registered office or registered agent, or both, in the State of Forda. L an familiar with, and accept the objection of registered agent. Store of the purpose of charging its registered office or registered agent, or both, in the State of Forda. L an familiar with, and accept the objection of registered agent. MELE NOWIL FEE IS \$160.00 Mater Mary 1, 2005 Fee with the \$550.00 NEE NOWIL FEE IS \$160.00 Mater Mary 1, 2005 Fee with the \$550.00 NEE NOWIL FEE IS \$160.00 Mater Mary 1, 2005 Fee with the \$550.00 NEE NOWIL FEE IS \$160.00 Mater Mary 1, 2005 Fee with the \$550.00 <td co<="" th=""><th>1. Entity Nam</th><th>MENT # P9700010 of Tallahassee, INC.</th><th>5406</th><th></th><th></th><th>Mar 19 Secr</th><th>, 2005 08:00 A etary of State</th></td>	<th>1. Entity Nam</th> <th>MENT # P9700010 of Tallahassee, INC.</th> <th>5406</th> <th></th> <th></th> <th>Mar 19 Secr</th> <th>, 2005 08:00 A etary of State</th>	1. Entity Nam	MENT # P9700010 of Tallahassee, INC.	5406			Mar 19 Secr	, 2005 08:00 A etary of State
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE / NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	TALLAHASSEE, FL 32317 STVD ASBURY, THOMAS B 3424 DORCHESTER COURT TALLAHASSEE, FL 32308 PD GHAZVINI, MEHRDAD 6000 BOYNTON HOMESTEAL)					