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FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90106 027 ***158.75

DOCUMENT # P98000007034			
1. Entity Name JULIE'S RETIREMENT RESORT, INC.			
Principal Place of Business 2325 N HASTINGS ST ORLANDO FL 32808 US		Mailing Address PO BOX 681365 ORLANDO FL 32868-1365 US	
2. Principal Place of Business 2325 N. Hastings St.		B. Mailing Address P.O. Box 681365	
C. Suite, Apt. #, etc. Orlando		D. Suite, Apt. #, etc. Orlando FL.	
City & State Florida		City & State Florida	
Zip 32808	Country Orange	Zip 32868	Country Orange
4. FEI Number 59-3487649		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SINGH, RADIKA 2325 N HASTINGS ST ORLANDO FL 32808		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SINGH, RADIKA 2325 N HASTINGS ST ORLANDO FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: RADIKA R. SINGH		Date: 1.5.2000 Daytime Phone #: 407-578-4453	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			