SIGNATURE! / SIGNATURE

DOCUMENT # P98000007137 1. Entity Name STeam Day Carpet Cleaning Principal Place of Business Principal Place of Business Principal Place of Business Principal Place of Business Suite. Apt F. dic. DO NOT WRITE IN THIS SPACE City & State City & Code City & State City & Code City & State City & Code Ci	DOCUMENT # P980000071377 1. Entity Name 2. Principal Place of Business 1713 Silver Star Rd. Make ing Address Suite. April - oic DO NOT WRITE IN THIS STACE ON A State OR Land - Forcida City & State OR Land - Forcida Or Land - Forcida State Or Land - Forcida Stront-Address (P.O. Box Number is Not Acceptable) City - File Or Land - Forcida Or Land - Forcida Or Land - Forcida Or Land - Forcida After May 1 - Forcida Or Land - Forcida After May 1 - Forcida Or Land - Forcida After May 1 - Forcida After May 1 - Forcida Or Land - Forcida Or Land - Forcida Or Land - Forcida After May 1 - Forcida Or Land - Forcida O	DOCUMENT # P98000007137 1. Emity harro STeamway Carpet Cleaning Making Address Principal Place of Business JUN 20 AM 11: 18 OI JUN 20 AM 11: 18 AM Milling Address Suite Address of Business Suite Address of Business Suite Address of Current Registered Agent A Les Address of Registered	DOCUMENT # P980000071377 1. Entry Name STCamular Carpet Cleaning Main ing Address Main ing Address Main ing Address Main ing Address DO NOT WHITE IN THIS SPACE DO NOT WHITE IN THIS SPACE Service of Business Double Aste. #. One	DOCUMENT # P980000071377 1. Entry there STCamusay Carpet Cleaning Misling Address Misling Address Misling Address Misling Address Misling Address Stream Rd. Misling Address Misling Address Misling Address Applied For Rd. Applied For Rd. Misling Address Applied For Rd. Applied For Rd. Misling Address Applied For Rd. Applied For Rd. Misling Address For Rd. Misling Address Applied For Rd. Applied For	DOCUMENT # P9800000113*] SECRETARY OF STATE TALLARIASSEE, FLORIDA OI JUN 20 AH III: 18 Principal Place of Business Silver Star Rol. Mol inj Address Mol inj Address Jun 20 Address Silver Star Rol. Mol inj Address Silver Star Rol. Mol inj Address Jun 20 Address Silver Star Rol. Applied For Country Solver Star Rol.	200	1 UNIFORM BUS	INESS REPO	RT (UBR)	**************************************	
STEAMURY CarPet Cleaning Principal Place of Business TTTS Silver Star Rd. Mailing Address Sulfe, Apr. F. etc. Sulfe, Apr. F. etc. Sulfe, Apr. F. etc. City & State C	STEAMUNG CORPET CLOSING Principal Place of Business T1 Silver Star Rd. Mailing Address Suite Annual Place of Business Suite	STEAM CAPPET CLEANING Moving Address Moving Address Sum, Actual, one.	STEAM CAPPET CLEANING Principal Place of Business Meding Autress Meding Autress Meding Autress Meding Autress Substantia, Flower Star Rol. Substantia, Flower Star Roll. Substantia, Flower	STEAM AND CAPPET CLEANING Principal Place of Business IT 13 S i I Ver Star Rol. Adding Address IT 13 S i I Ver Star Rol. Address Place of Business IT 13 S i I Ver Star Rol. Address I Rol. Address I Rol. Address I Rol. Application Place of Business IT 13 S i I Ver Star Rol. Application Place of Business IT 13 S i I Ver Star Rol. Application Place of Business IT 13 S i I Ver Star Rol. Application Place of Business IT 13 S i I Ver Star Rol. Application Place of Business IT 13 S i I Ver Star Rol. Application Place of Business IT 13 S i I Ver Star Rol. Application Place of Business IT 13 S i I Ver Star Rol. Application Place of Business IT 13 S i I Ver Star Rol. Application Place of Business IT 13 S i I Ver Star Rol. Application Place of Business IT 13 S i I Ver Star Rol. Application Place of Business IT 13 S i I Ver Star Rol. Application Place of Business IT 13 S i I Ver Star Rol. Application Place of Business IT 14 S i I Ver Star Rol. Application Place of Business IT 14 S i I Ver Star Rol. Application Place of Business IT 14 S i I Ver Star Rol. Application Place of Business IT 14 S i I Ver Star Rol. Application Place of Business IT 14 S i I Ver Star Rol. Application Place of Business IT 14 S i I Ver Star Rol. Application Place of Business IT 14 S i I Ver Star Rol Place of Business IT 14 S i I Ver Star Rol Place of Business IT 15 S i I Ver Star Rol Place of Business IT 15 S i I Ver Star Rol Place of Business IT 15 S i I Ver Star Rol Place of Business IT 15 S i I Ver Star Rol Place of Business IT 15 S i I Ver Star Rol Place of Business IT 15 S i I Ver Star Rol Place of Business IT 15 S i I Ver Star Rol Place of Business IT 15 S i I Ver Star Rol Place of Business IT 15 S i I Ver Star Rol Place of Business IT 15 S i I Ver Star Rol Place of Business IT 15 S i I Ver Star Rol Place of Business IT 15 S i I Ver Star Rol Place of Business IT 15 S i I Ver Star Rol Place of Business IT 15 S i I Ver Star Rol Place of Business IT 15 S i I Ver Star Rol Place of Business IT 15 S i I Ver Star Rol Place of B	STEAM CAPPET CLEANING Principal Place of Business 1713 Silver Star Rd. 1 Making Address A Milling Address	DOCU	MENT# PARM		·	SECRETARY OF STATE TALLAHASSEE. FLORIDA	
Principal Place of Business 3. Mailing Address 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT Writte IN THIS SPACE City & State OR Lando Torida Country Zip Country Zip Country S. Certificate of Status Desired Fee Required Fee Required Fee Required Fee Required Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entry submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE S	Principal Place of Business Sulfo. And J. etc. Sulfo. And J. etc. City & State ON Country Sulfo. And J. etc. City & State ON Country Sulfo. And J. etc. City & State ON Country Sulfo. And J. etc. City & State ON Country Sulfo. And J. etc. City & State ON Country Sulfo. And J. etc. City & State ON Country Sulfo. And J. etc. Sulfo. And J. etc. ON ON TWRITE IN This SPACE Applied For. Not Applied For. Sulfo. And J. etc. Sulfo. And J.	### Applicable State	Principal Place of Business 2. Principal Place of Business Suite, April 20 Suite, April	Principal Place of Business 2. Principal Place of Business Suits, April, etc. Suits	Pincopal Place of Business 2. Principal Place of Business Substance of Business Substanc	STea	inway Carp	et Menn	ina	`	
Suite, Apt. #, etc. City & State City & State Country Country Suite, Apt. #, etc. City & State Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. Applied For. Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc	Sulfe, Ant. #, ctc. City & State City & State Applied For. Not Applicable State	SUBN.AGL.R. CID. City & State City & FL Zip Code	Suite April, etc. City & State Or No State Or Applied For Host Application To Country To Country To Country To Country To Country S. Certificate of Status Desired S. R. 75 Applied For Host Application For Required S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Name Name Name Name Name Address of New Registered Agent T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number in Not Acceptable) City FL Zep Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Footda. SIGNATURE Regis	SUMP. ADAIL #. Idle	SURPLADALL, SIZE SURPLANCE		ce of Business	Mailing Address		01 30N 20 AM [1: [8	
Suite, Apt. #, etc. City & State City & State Country Country Suite, Apt. #, etc. City & State Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. Applied For. Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc	Sulfe, Ant. #, ctc. City & State City & State Applied For. Not Applicable State	SUBN.AGL.R. CID. City & State City & FL Zip Code	Suite April, etc. City & State Or No State Or Applied For Host Application To Country To Country To Country To Country To Country S. Certificate of Status Desired S. R. 75 Applied For Host Application For Required S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Name Name Name Name Name Address of New Registered Agent T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number in Not Acceptable) City FL Zep Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Footda. SIGNATURE Regis	SUMP. ADAIL #. Idle	SURPLADALL, SIZE SURPLANCE		·				,
Suite, Apt. #, etc. City & State City & State Country Country Suite, Apt. #, etc. City & State Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. Applied For. Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc	Sulfe, Ant. #, ctc. City & State City & State Applied For. Not Applicable State	SUBN.AGL.R. CID. City & State City & FL Zip Code	Suite April, etc. City & State Or No State Or Applied For Host Application To Country To Country To Country To Country To Country S. Certificate of Status Desired S. R. 75 Applied For Host Application For Required S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Name Name Name Name Name Address of New Registered Agent T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number in Not Acceptable) City FL Zep Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Footda. SIGNATURE Regis	SUMP. ADAIL #. Idle	SURPLADALL, SIZE SURPLANCE	2. Principal F	Place of Business	3. Mailing Address			
City & State ORLando Horida Zip Country S. Certificate of Status Desired S. Name and Address of Current Registered Agent NA H MANI El Claric Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 Agent of privated name of regasseed agent and life if applicable. (NOTE: Registered Agent signature required when recriating) P. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so Secretificia on back) Make Check Payable to Department of State P. Applied For Not Applicable Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 10. Election Campaign Financing Trost Fund Contribution Added to Fees— Wake Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME NAME NAME NAME NAME NAME NAME ORLando Horida 32808 TITLE Delete TITLE Delete TITLE Delete TITLE City ST-2P Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$1. Name and Address of New Registered Agent Status Desired Trost Fund Contribution Added to Fees— Trost Fund Contribution After MANI Addition Trost Fund Contribut	City & State Country Country Country S. Certificate of Status Desired Real Required Real Required Real Required Real Required Real Required Real Required Real Real Real Real Real Real Real Real	City & State ORLAND Country Description The Applied For Not Applied For No	City & State OR Country Country S. Certificate of Status Desired S. Name and Address of Current Registered Agent N. A. Haam and Address of Current Registered Agent N. A. Haam and Address of Current Registered Agent N. A. Haam and Address of Current Registered Agent N. A. Haam and Address of Current Registered Agent N. A. Haam and Address of Name Registered Agent N. Name and Address of Name Registered Agent N. Name and Address of Name Registered Agent Name Streat Address (P.C., Sax Number is Not Acceptable) City F.L. Zop Code Streat Address (P.C., Sax Number is Not Acceptable) City F.L. Zop Code 8. The above named entity submit this statement for the purpose of changing its registered agent, or both, in the State of Footda. SIGNATURE SIGNATURE Signature Agent signature sequence desired on a sequence desired agent, or both, in the State of Footda. Signature signature agent sequence desired agent are sequence desired agent are sequence desired agent agent sequence des	City & State PLANDING Country S. Certificate of Status Desired \$3.75 Additional S. Name and Address of Current Registered Agent N. Harman and Address of New Registered Agent N. Harman and A	City & State Or A Country Country S. Certificate of Status Deleted \$8.75 Additional \$8.75 Additional	Suite Ant	# oto			DO NOT INDITE IN THE	
ORLando Horida Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fe	ORLando Horida 2p	Section Sect	Section Sect	Section Sect	Security		•			DO NOT WRITE IN THIS S	SPACE
5. Certificate of Status Desired Fee Required F	S. Certificate of Status Desired Fee Required Fee Required S. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	September Sept	SABOR Name and Address of Current Registered Agent 7. Name and Address of New Registered 7. Description Address of New Registered Agent 7. Name and Address of New Registered 8. The Address (P.O. Box Namoer is Not Acceptable) 7. Description Address of New Registered Agent 7. Name and Address of New Registered 8. The Address (P.O. Box Namoer is Not Acceptable) 7. Description Address of New Registered Agent 7. Description Address of New Registered 8. The Address (P.O. Box Namoer is Not Acceptable) 7. Description Address of New Registered Agent 7. Description Address of New Registered 8. The Address (P.O. Box Namoer is Not Acceptable) 7. Description Address of New Registered 8. Description Address of New Registered 8. Description Address of New Registered 8. Desc	See Tries of Date of Sature Desired Service Desired Service Desired Service Registered Agent T. Name and Address of New Registered Agent T. Name and Address T. Name	See Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. See Name of Address (P.O. Sex Number is Not Acceptable) 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. 8. SIGNATURE Signature injected pretent receded registered entity is intengible 9. This corporation is elliptible to satisfy its intengible 12. The ADDRESS of P.O. Sex Number is Not Acceptable) 9. This corporation is elliptible to satisfy its intengible 13. See critical policy 14. OFFICERS AND DIRECTORS 15. Certification 16. 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. 8. SIGNATURE 19. This corporation is elliptible to satisfy its intengible 10. Election Composing Financing 10. Election Composing 10. Election Composing Financing 10. Election Composing Finan			City & State		4. FEI Number, 59-3488958	Applied For Not Applicable
Name Street Address (P.O. Sox Number is Not Acceptable)	Name Street Address Not Acceptable) Street Address Street Address Street Address Street Address Not Acceptable) Street Address	NATHORNE CLARK SYNON A LOCAL CLARK STORE Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is	Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Street Address (P.O. Box Number is Not Acceptable)	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 agent, or both, in the State of Florida. SIGNATURE Spallure, inject or present serve or registered agent or both, in the State of Florida. SIGNATURE 9. This composition is displate to eatility its intemplible Tax kingn group/enement and elocits to do so (See or freir on back). OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME STREET ADDRESS OTF-51-2P OR Lando Florida S1808 OFFICERS AND DIRECTORS 11. Obelet TILE NAME STREET ADDRESS OTF-51-2P OTFICERS AND DIRECTORS IN 11 TILE NAME STREET ADDRESS OTF-51-2P OTFICERS AND DIRECTORS IN 11 TILE NAME STREET ADDRESS OTF-51-2P OTFICERS AND DIRECTORS IN 11 TILE NAME STREET ADDRESS OTF-51-2P OTFICERS AND DIRECTORS IN 11 TILE NAME STREET ADDRESS OTF-51-2P OTFICERS AND DIRECTORS IN 11 TILE NAME STREET ADDRESS OTF-51-2P OTFICERS AND DIRECTORS IN 11 OR DEVEL ADDRESS OTF-51-2P OTFICERS AND DIRECTORS IN 11 TILE NAME STREET ADDRESS OTF-51-2P OTFICERS AND DIRECTORS IN 11 OR DEVEL ADDRESS OTF-51-2P OTFICERS AND DIRECTORS IN 11 OR DEVEL ADDRESS OTFI-51-2P OTFICERS AND DIRECTORS IN 11 OR DEVEL ADDRESS OTFI-51-2P OTFICERS AND DIRECTORS IN 11 OR DEVEL ADDRESS OTFI-51-2P OTFICERS AND DIRECTORS IN 11 OR DEVEL ADDRESS OTFI-51-2P OTFICERS AND DIRECTORS IN 11 OR DEVEL ADDRESS OTFI-51-2P OTFICERS AND DIRECTORS IN 11 OR DEVEL ADDRESS OTFI-51-2P OTFICERS AND DIRECTORS IN 11 OR DEVEL ADDRESS OTFI-51-2P OTFICERS AND DIRECTORS IN 11 OR DEVEL ADDRESS OTFI-51-2P OTFICERS AND DIRECTORS IN 11 OR DEVEL ADDRESS OTFI-51-2P OTFICERS AND DIRECTORS IN 11 OR DEVEL ADDRESS OTFI-51-2P OTFICERS AND DIRECTORS IN 11 OR DEVEL ADDRESS OTFI-51-2P OTFICERS AND DIRECTORS IN 11 OR DEVEL ADDRESS OTFI-51-2P OTFICERS AND DIRECTORS IN 11 OTFICERS AND DIRECTORS IN 11 OTFICERS AND DIRECTORS IN 11 OT	zip くろみ8	country (J.S.A		Country		\$8.75 Additional
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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so: After: MAY-1; 2001-Fee-will-bo-\$550.00 Make Check Payable to Department of States Make Check Payable to Department of States NAME STREET ADDRESS CITY-ST-ZIP OKLANDA Florida \$18808 TILLE Delete TILLE Delete TILLE Change Addition	STRET ADDRESS CITY-ST-ZIP Street Address (P.O. Sox Number is Not Acceptable) Street Address (P.O. Sox Number is Not Acceptable) Street Address (P.O. Sox Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Synature, typed or preted name of registered agent and late if applicable (NOTE: Registered Agent signature required when revealating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: After MAY 11: 2001 - Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME STREET ADDRESS CITY-ST-ZIP ORLanda Horida 32808 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Signature Modes of the purpose of changing to registered agent, or both, in the State of Florida. SIGNATURE Systems, board or prefeted name et registered agent are titled applicative. 9. This corporation is disjuicible to satisfy its intenglible. 17. This corporation is disjuicible to satisfy its intenglible. 18. The above named entity submits this statement for the purpose of changing to registered agent, or both, in the State of Florida. SIGNATURE Systems, board or prefeted name et registered agent are titled applicative. 19. This corporation is disjuicible to satisfy its intenglible. 19. This corporation is disjuicible to satisfy its intenglible. 19. This corporation is disjuicible to satisfy its intenglible. 19. This corporation is disjuicible to satisfy its intenglible. 19. This corporation is disjuicible to satisfy its intenglible. 19. This corporation is disjuicible to satisfy its intenglible. 19. This corporation is disjuicible to satisfy its intenglible. 19. The NOW!! FEE IS \$150.00 10. Election Campagn Financing. 10	Signature, typed or present name of entity submits this statement for the purpose of changing its registered office or registered agant, or both, in the State of Fordia. Signature, typed or present name of registered agant in a life of reportative. Signature, typed or present name of registered agant in a life of reportative. Signature, typed or present name of registered agant, or both, in the State of Fordia. Signature, typed or present name of registered agant, or both, in the State of Fordia. Signature, typed or present name of registered agant, or both, in the State of Fordia. Signature, typed or present name of registered agant, or both, in the State of Fordia. Signature, typed or present name of registered agant, or both, in the State of Fordia. Signature, typed or present name of registered agant, or both, in the State of Fordia. Signature, typed or present name of registered agant, or both, in the State of Fordia. Signature registered agant, or both, in the State of Fordia. Signature registered agant, or both, in the State of Fordia. Signature registered agant, or both, in the State of Fordia. Signature registered agant, or both, in the State of Fordia. Signature registered agant, or both, in the State of Fordia. Signature registered agant, or both, in the State of Fordia. Signature registered agant, or both, in the State of Fordia. Signature registered agant, or both, in the State of Fordia. Signature registered agant, or both, in the State of Fordia. Signature registered agant, or both, in the State of Fordia. Signature registered agant, or both, in the State of Fordia. Signature registered agant, or both, in the State of Fordia. Signature registered agant, or both, in the State of Fordia. Signature registered agant, or both, in the State of Fordia. Signature registered agant, or both, in the State of Fordia. Signature registered agant, or both, in the State of Fordia. Signature registered agant, or both in the State of Fordia. Signature registered agant, or both, in the St	Signer Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Chy FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. SIGNATURE Signer, a body or pred name of registered agent and tild its portionable. PILE NOW!!! FEE IS \$150.00 Tack tiling requirement and circles to do so MAKE Check, Poryable to Sately its interrigible Tack tiling requirement and circles to do so MAKE Check, Poryable to Department of State MAKE SIRET MONESS DOTH-ST-2P TILE Delete MAKE Check, Poryable to Department of State MAKE Check, Poryable to Department of State MAKE SIRET MONESS DOTH-ST-2P TILE Delete MAKE Check, Poryable to Department of State Delete Delete MAKE Check, Poryable to Del	Signature Charge Charge Charge Charge Charge Charge Charge Addition Charge Charge Charge Addition Charge Charge Charge Charge Addition Charge	11 0 1			Name	7. Name and Address of New Registered A	Agent
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so: After MAY 1; 2001 Fee will bo \$550.00 Make Check Payable to Department of State Make Check Payable to Department of State 10. Election Campaign Financing Trost Fond Contribution: \$5.00 May Be Added to Fees Make Check Payable to Department of State NAME NAME NAME NAME STREET ADDRESS 5910 Gamble DK OKlando Horida \$2808 TILE Delete TILE Delete TILE Delete TILE Change Addition	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 Signature, speed or preted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when recistating) 9. This corporation is elligible to satisfy its intrangible Tax filling requirement and elects to do so. ARR-MAY-1; 2001-Fee will-bo \$550,00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELando Florida \$2808 CITY-ST-ZIP Delete TITLE Delete TITLE DELETED DELETED TO STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE Delete TITLE DELETED DELETED TO STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE Delete TITLE Delete TITLE DELETED DELETED TO STREET ADDRESS CITY-ST-ZIP TITLE DELETED TO STREET ADDRESS CITY-ST-ZIP TITLE DELETED TO STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TI	Entry FL Zip Code 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 Signature, typed or printed same of registered agent and talk in applicable. (NOTE: Registered Agent signature required whore versioning) After MAY 1; 2001 Fee will be \$550.00 TILE OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE OWNCK STREET ADDRESS OTTY-ST-ZP OFFICERS AND DIRECTORS OTTY-ST-ZP OFFICERS AND DIRECTORS IN 11 TILE NAME STREET ADDRESS OTTY-ST-ZP OTTY-ST-Z	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 Synames, special or proted name of registered agent and tills a applicable. (NOTE: Registered Agent alphane required when resoluting) P. This corporation is eligible to satisfy its intrargible FILE NOW!!! FEE IS \$150.00 Address of the state of Florida. Tax filing requirement and elects to do so (See criteria on back). OFFICERS AND DIRECTORS Make Check, Psyshie to Department of State. NOWE Registered Agents alphane required when required when resoluting) 10. Election Campaign Financing Institution Common Institution Address of the state Agents of State. NOWE Registered Agents alphane required when required when resoluting) 10. Election Campaign Financing Institution Common Institution Address of the state Agents of State. NOWE RESOLUTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NOWE STREET ADDRESS ON'S 5-70 CITY-ST-70 CIT	City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or printed manner or agreemed agent are life if applicable. NOTE Registered Agent algrature required when a registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or printed manner or agreemed agent are life if applicable. NOTE Registered Agent algrature required when a remaining in the State of Florida. SIGNATURE OFFICERS AND DIRECTORS TILE OFFICERS AND DIRECTORS TILE OFFICERS AND DIRECTORS IN TILE WANTE STATE ADDRESS OTF-51-2P SIGNATURE ORD-51-2P SIGNATUR	City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its rog stored office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name or registered agent in citie if applicable. NOTE Proposed Agent signature registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name or registered agent in citie if applicable. NOTE Proposed Agent signature registered agent, or both, in the State of Florida. SIGNATURE	-	_ 🔾			ss (P.O. Box Number is Not Acceptable)	
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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	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 rame of registered agent and life if applicable. (NOTE: Registered Agent signature required when remistaling) DATE	Eity 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 Suprature, Speed or private name of inspirated agent and lite if applicable. (NOTE, Registered Agent registered agent, or both, in the State of Florida.	8. The showe named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Synature, byend or printed name or registered agent and sits of applicable. (NOTE Registered Agent signature requires when verification): 9. This corporation is eligible to satisfy its intrangible: 10. This corporation is eligible to satisfy its intrangible: 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAKE NAME STREET ADDRESS OTY-ST-2P TILE Defen: 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAKE STREET ADDRESS OTY-ST-2P TILE MAKE STREET ADDRESS OTY-ST-2P TILE Defen: 11. Defen: 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAKE STREET ADDRESS OTY-ST-2P TILE MAKE STREET ADDRESS OTY-ST-2P TILE MAKE STREET ADDRESS OTY-ST-2P TILE MAKE STREET ADDRESS OTY-ST-2P Defen: 11. Defen: 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAKE STREET ADDRESS OTY-ST-2P TILE MAKE STREET ADDRESS OTY-ST-2P Defen: 11. Defen: 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAKE STREET ADDRESS OTY-ST-2P TILE MAKE STREET ADDRESS OTY-ST-2P Defen: 13. SPECIAL ADDRESS OTY-ST-2P Defen: 14. MAKE STREET ADDRESS OTY-ST-2P Defen: 15. OFFICERS AND DIRECTORS TILE MAKE STREET ADDRESS OTY-ST-2P Defen: 16. Change Addition Addition Addition Addition Addition Addition ADDRESS OTY-ST-2P Defen: 16. Change Addition Addition ADDRESS OTY-ST-2P Defen: 16. Change Addition Addition ADDRESS OTY-ST-2P Change Addition ADDRESS OTY-ST-2P ADDITIONS/CHANGES Statutes Liberted continue the information is printed to previous stated in Section 119 07(20). Decide Statutes Liberted continue the information is printed to previous stated in Section 119 07(20). Decide Statutes Liberted continue the information is printed to previous stated in Section 119 07(20). Decide Statutes Liberted continue the information is printed to	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 Signatura, speed or printed name of registered agent and the registered Agent signature equates when recreativing) DATE SIGNATURE Signatura, speed or printed name of registered agent and title it applications. PARE MAY 1-200 FILE NOW!!! FEE IS \$150.00 After MAY 1-200 File Signatura, speed or printed name of registered agent, or both, in the State of Florida. SIGNATURE SIGNAT	E. 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 rame of registered agent and title if another in the purpose of changing its registered Agent signature required when revealable. Signature, typed or printed rame of registered agent and title if a registance NOTE: Registered Agent signature required when revealable.	2711	ramble DI	7.			
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 little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 Tax filling requirement and elects to do so: Make Check Payable to Department of State Added to Fees	8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is elligible to satisfy its intangible Tax filling requirement and elects to do so: AREH MAY 1; 2001 Fee will be \$550.00 AREH MAY 1; 2001 Fee will be \$550.00 Trust Fund Contribution: \$5.00 May Be Added to Fees Trust Fund Contribution: \$5.00 May Be Added to Fees Added to Fees Added to Fees Added to Fees CITY-ST-ZIP TILE NAME SIREET ADDRESS CITY-ST-ZIP Delete TILE NAME SIREET ADDRESS CITY-ST-ZIP THE NAME SIREET ADDRESS CITY-S	B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signum: product prefet agent and allow it applicable. PoTE: Registered Agent signature required when ventaling? DATE	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 9. This corporation is eligible to satisfy its intangible Tax tiling requirement and elects to do so: 10. Election Campaign Financing Added to Fees Added to	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 Signatura, bject or prietor name of inegistered agent and the if any purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filting requirement and olects to do so: After-MAY 1-1-2001-Fee-will-bo \$550.00 After-MAY 1-2001-Fee-will-bo \$550.00 Inter-MAY 1-2001-Fee-will-bo \$550.00	S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax thing requirement and elects to do so: ARE-MAY 1-2001-Fee-will-bo \$550.00 ARE-MAY 1-2001-Fee-will-bo \$550.00 ARE-MAY 1-2001-Fee-will-bo \$550.00 IT III OFFICERS AND DIRECTORS IT III OFFICERS AND DIRECTORS IT III OFFICERS AND DIRECTORS SIREE ADDRESS OTV-S1-2P OFFICERS AND DIRECTORS OTV-S1-2P OFFICERS AND DIRECTORS IN 11 THE NAME SIRET ADDRESS OTV-S1-2P ODelote NAME SIRET ADDRESS OTV-S1-2P OUT-S1-2P ODelote OTV-S1-2P ODELOTE S1-2P ODELO	001	, M. 32808		City		Zip Code
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	SIGNATURE 9. This corporation is digible to satisfy its inrangible Tax filing requirement and elects to do so: After MAY-1; 2001-Fee will-be \$550.00 Trust Prund Contribution: \$5,00 May Be Added to Fees— Trust Prund Contribution: \$5,00 May Be Added to Fees— Trust Prund Contribution: \$10	SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so: 4. ARer-MAY-1, 2001-Fee will-be \$550.00 Added to Fees—Added to	SIGNATURE Signature, typed or prietod name of regisseed agent and title if applicable. P. This corporation is eligible to satisfy its intangible Tax tiling requirement and clocks to do so. After MAY 1, 2001-Fee will-be \$550.00 After MAY 1, 2001-Fee will-be \$550.00 Trust Fond Commission: Description Description Description	SIGNATURE Symmetric byte of printed name of registered egent and tills if applicable (NOTE: Registered Agent signature required when retristating) DATE	8. The above	e named entity submits this statement for	the purpose of changing its	registered office or regis		<u> </u>
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so:	9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee - will -bo \$550.00 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee - will -bo \$550.00 Trost Fund Contribution: Trost Fund Contribution: Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADD	9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so [See criteria on back) Make Check Payable to Department) of State [MAKE Check Payable to Department) of State Make Check Payable to Department) of State [MAKE STREET ADDRESS CITY-ST-2P [MILE NAME STREET ADDRESS CITY-ST-2P [MAKE STREET ADDRESS CITY-ST-2P [MILE NAME STREET ADDRESS CITY-ST-2P [MAKE STREET ADDRESS CITY-ST-2P [M	9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so: FILE NOW!!! FEE! IS \$150.00	9. This corporation is eligible to satisfy its intangible Tax filing routerment and elects to do so. See criteria on back	9. This corporation is eligible to easitisty its internal place. 19. This corporation is eligible to easitisty its internal place. 19. Tax filting requirement and elects to do so: 19. Election Campaign Financing 19. Tax filting requirement and elects to do so: 19. Make Chack Payable to Department of State 19. OFFICERS AND DIRECTORS 19. Delete ITILE 19. NAME 19. Delete ITILE 19. D		,	the perpose of changing ha	rogiciared emise of region	sold again, or both, in the date of horida.	
Tax filling requirement and elects to do so: See criteria on back Make Check Payable to Department of State Trust Fund Contribution: Added to Fees	Tax filing requirement and elects to do so: After MAY-1, 2001 Fee-will bo \$550.00 Trost Fond Contribution: Added to Fees	Task filing requirement and elects to do so Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ITILE 11. NAME 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS IN 11 11. NAME 11. NAME 11. OFFICERS AND DIRECTORS 11. NAME 11. OFFICERS AND DIRECTORS IN 11 11. NAME 11. NAME 11. OFFICERS AND DIRECTORS IN 11 11. NAME 11. NAME 11. NAME 11. OFFICERS AND DIRECTORS IN 11 11. NAME 11. NAME 11. NAME 11. OFFICERS AND DIRECTORS IN 11 11. NAME 11. NAME 11. NAME 11. OFFICERS AND DIRECTORS IN 11 11. NAME 11. NAME 11. NAME 11. OFFICERS AND DIRECTORS IN 11 11. NAME 11. NAME 11. NAME 11. NAME 11. NAME 11. NAME 11. OFFICERS AND DIRECTORS IN 11 11. NAME 11. NAME 11. NAME 11. NAME 11. NAME 11. NAME 11. OFFICERS AND DIRECTORS IN 11 11. NAME 11.	Takining requirement and elects to do so. Make Check Psyable to Department of State State Title Front Contribution Added for Fees A	Tax filling requirement and elects to do so	Tax filting requirement and elects to do so: Make Check Psyable to Department of State Secretification back)	SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature requ	uired when reinstating) DATE	_
Added to Fees Comparison C	ARE MAY 1, 2001 - se will so \$550.00	Comment and because to the second and process to the second and proc	Make Check Payable to Department of State Tipst Found Contribution: Added to Fees	Make Check Payable to Department of State Make Check Payable t	See criteria on back)			I	•	10. Election Campaign Financing	\$5.00 May Ro
TITLE OWNCK Delete TITLE Change Addition NAME Northaniel Clourk STREET ADDRESS STREET ADDRESS 59/0 Gamble Dr. CITY-ST-ZIP ORlando Florida 32808 CITY-ST-ZIP TITLE Delete TITLE Change Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP *****308.75	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY	TITLE NAME STREET ADDRESS STREET ADD	TITLE NAME SPILO Gamble Dr. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	-				Trust Fund Contribution	
NAME NOttraniel Clark STREET ADDRESS 5910 Gamble Dr. STREET ADDRESS CITY-ST-ZIP ORLando Florida 32808 CITY-ST-ZIP TITLE Delete TITLE Change Addition	NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP CHando Thrido \$2808 Delete TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP Delete TILE NAME STREET ADDRESS CITY-ST-ZIP TILE Delete TILE STREET ADDRESS CITY-ST-ZIP STREET	NAME STREET ADDRESS CITY-ST-ZIP CREATED ASSESS CITY-ST-ZIP CREATED ASSESS CITY-ST-ZIP CREATED ASSESS CITY-ST-ZIP CITTLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE TI	NAME STREET ADDRESS CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREE	NAME STREET ADDRESS CITY-ST-ZIP CREAT ADDRESS C		OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFFICERS AND	
STREET ADDRESS 59/0 Gamble DL. CITY-ST-ZIP ORLando Florida 32808 CITY-ST-ZIP TITLE Delete TITLE Change Addition	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP TITLE Delete	STREET ADDRESS CITY-ST-ZIP Delate	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST	STREET ADDRESS CITY-ST-ZIP Delete	NAME	Northaniel Clourk	L_l Delete			☐ Change ☐ Addition
TITLE Delete TITLE Change Addition	TITLE	Delete	Delete TITLE Change Addition	TITLE Delete TITLE MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME M	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET		5910 Gamble Dr.	rad			
	NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET	NAME STREET ADDRESS CITY-ST-ZIP CITY	NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CI	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Oblete TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS CITY-ST-ZIP Delete NAME NAME NAME NAME NAME NAME NAME NAME	 -	Oklando Horida 328		-		Change Addition
TANAL TANAL	CITY-ST-ZIP CITY-ST-ZIP ITILE NAME TITLE NAME STREET ADDRESS STREET ADDRESS -07/10/0101027007 CITY-ST-ZIP *****308.75 *****308.75	CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Oelete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE ADDRESS CITY-ST-ZIP TITLE CHANGE ADDRESS CITY-ST-ZIP TITLE CHANGE ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE ADDRESS CITY-ST-ZIP CHANGE CHANGE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP CHANGE	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STR	CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL			. Lad Delete			Change Addition
		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete NAME STREET ADDRESS CITY-ST-ZIP TO Delete STREET ADDRESS CITY-ST-ZIP STREET ADDR	TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Lange Addition A	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET						
		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete NAME STREET ADDRESS CITY-ST-ZIP TO Delete STREET ADDRESS CITY-ST-ZIP STREET ADDR	TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Lange Addition A	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET			☐ Delete		<u> </u>	Change Addition
NAME STREET ADDRESS NAME STREET ADDRESS -07/10/0101027007		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete NAME STREET ADDRESS CITY-ST-ZIP TO Delete STREET ADDRESS CITY-ST-ZIP STREET ADDR	TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Lange Addition A	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET				I :	-07/10/0101	027007
CITY-ST-ZIP ****308.75 ****308.75	TITLE Delete TITLE Change Addition	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP SP-	NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 OX/GN(I). Florida Statutes I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME, STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CITY-ST-ZIP			■ i	****308.75	****308.75
- Dilities - March		STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes I further certify that the information	STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NA	STREET ADDRESS CITY-ST-ZIP TITLE -Delete .TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete .TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 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. Ffurther 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			☐ Delete	1		Change Addition
	NAME . NAME	CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition STREET ADDRESS CITY-ST-ZIP Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes I further certify that the information	CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP To Change Addition NAME STREET AD	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO belete TITLE NAME STREET ADDRESS CITY-ST-ZIP To change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP To change Addition To change Addition NAME STREET ADDRESS CITY-ST-ZIP To change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP To change Addition Addition Addition Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP To change Addition Addi					!	
	STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS CITY - ST - ZIP TITLE Delete TITLE CHANGE Addition NAME STREET ADDRESS CITY - ST - ZIP TITLE ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY - ST - ZIP	NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 13.	NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP 13. 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	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 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. 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	CITY-ST-ZIP					
TITLE Change Addition		STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS C	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP To Change Addition Addition STREET ADDRESS CITY-ST-ZIP To Change Addition Addition STREET ADDRESS CITY-ST-ZIP To Change Addition Addition STREET ADDRESS CITY-ST-ZIP To Change Addition Addition STREET ADDRESS CITY-ST-ZIP To Change Addition Addition Addition AME STREET ADDRESS CITY-ST-ZIP To Change Addition Addition Addition AME STREET ADDRESS CITY-ST-ZIP To Change Addition Addition AME STREET ADDRESS CITY-ST-ZIP To Change Addition Addition AME STREET ADDRESS CITY-ST-ZIP To Change Addition Addition Addition AME STREET ADDRESS CITY-ST-ZIP To Change Addition AME ADDRESS CITY-ST-ZIP To Change Addition Addition AME ADDRESS CITY-ST-ZIP To Change Addition AND ADDRESS CITY-ST-ZIP To Change Addition ADDRESS CITY-ST-ZIP To Change Addition ADDRESS CITY-ST-ZIP To Change Addition Addition ADDRESS CITY-ST-ZIP To Change ADDRESS CITY-ST-ZIP To Change ADDRESS CITY-ST-ZIP To Change ADDRESS CITY-ST-ZIP To Change ADDRESS CITY-ST-ZIP To Chan	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 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. 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		The same same of the same same	Delete		ì	☐ Change ☐ Addition
■	CITY-ST-ZIP CITY-ST-ZIP TITLE	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP Table to make a contraction 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	CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Cohange Addition NAME STREET ADDRESS CITY-ST-ZIP Title STREET ADDRESS CITY-ST-ZIP Title	√ 3					- .
NAME: NAME	CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME. NAME	NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP SP-	NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP 13. 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. 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	NAME STREET ADDRESS CITY-ST-ZIP 13. 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. 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	ξ.					
NAME . STREE! ADDRESS STREET ADDRESS	CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition Addition	STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP ST	STREET ADDRESS CITY-ST-ZIP 13. 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. 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	STREET ADDRESS CITY-ST-ZIP 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. 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	TITLE .		☐ Delete	TITLE		☐ Change ☐ Addition
NAME. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP TITLE	CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP contact the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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	CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 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. 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				–	_	. ·
NAME. NAME STREE! ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME	CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME		13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Vi). Florida Statutes: I further certify that the information	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	1. 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. 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	STREET ADDRESS.					T- 1
NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE: Delete TITLE NAME NAME STREET ADDRESS ISTREET ADDRESS	CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	19. Thereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 110 07/3V/V Elevida Statuton I further coefficients that the information	1 1	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 each; that I am an officer or director	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				CITT-21-71P		
STREET ADDRESS STREET ADDRESS		TITLE	TITLE NAME. STREET ADDRESS CITY-\$T-ZIP TITLE OChange Addition STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TO Legic STREET	TITLE NAME. STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP To Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP To Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP To Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP To Change Addition NAME STREET ADDRESS CITY-ST-ZIP To Change Addition NAME STREET ADDRESS CITY-ST-ZIP To Change Addition NAME NAME NAME STREET ADDRESS CITY-ST-ZIP To Change Addition NAME	TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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. 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.	STREET ADDRESS			STREET ADDRESS	·	
	STREET ADDRESS	TITLE	TITLE NAME. STREET ADDRESS CITY-\$T-ZIP TITLE OChange Addition STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TO Legic STREET	TITLE NAME. STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP To Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP To Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP To Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP To Change Addition NAME STREET ADDRESS CITY-ST-ZIP To Change Addition NAME STREET ADDRESS CITY-ST-ZIP To Change Addition NAME NAME NAME STREET ADDRESS CITY-ST-ZIP To Change Addition NAME	TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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. 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.						
CITY-ST-ZIP CITY-ST-ZIP		NAME STREET ADDRESS CITY - ST - ZIP TITLE Delete TITLE CHANGE Addition NAME STREET ADDRESS CITY - ST - ZIP TITLE ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY - ST - ZIP	NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 13. Dereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes further certify that the information.	NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP 13. 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	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 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. 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	CITY-ST-ZIP			CITY-ST-ZIP		
TIDE Doloto TITE Change Addition		NAME STREET ADDRESS CITY - ST - ZIP TITLE Delete TITLE CHANGE Addition NAME STREET ADDRESS CITY - ST - ZIP TITLE ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY - ST - ZIP	NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 13. Dereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes further certify that the information.	NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP 13. 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	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 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. 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	TITLE	The same of the sa	— A Doloto	TITLE		☐ Change ☐ Addition
CENDERGE France Charles Control Charles Control Charles Control Co	CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS C	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP To Change Addition Addition STREET ADDRESS CITY-ST-ZIP To Change Addition Addition STREET ADDRESS CITY-ST-ZIP To Change Addition Addition STREET ADDRESS CITY-ST-ZIP To Change Addition Addition STREET ADDRESS CITY-ST-ZIP To Change Addition Addition Addition AME STREET ADDRESS CITY-ST-ZIP To Change Addition Addition Addition AME STREET ADDRESS CITY-ST-ZIP To Change Addition Addition AME STREET ADDRESS CITY-ST-ZIP To Change Addition Addition AME STREET ADDRESS CITY-ST-ZIP To Change Addition Addition Addition AME STREET ADDRESS CITY-ST-ZIP To Change Addition AME ADDRESS CITY-ST-ZIP To Change Addition Addition AME ADDRESS CITY-ST-ZIP To Change Addition AND ADDRESS CITY-ST-ZIP To Change Addition ADDRESS CITY-ST-ZIP To Change Addition ADDRESS CITY-ST-ZIP To Change Addition Addition ADDRESS CITY-ST-ZIP To Change ADDRESS CITY-ST-ZIP To Change ADDRESS CITY-ST-ZIP To Change ADDRESS CITY-ST-ZIP To Change ADDRESS CITY-ST-ZIP To Chan	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 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. 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			11-061616 - 1 - 1		·	☐ ouende ☐ Voordoll
■	CITY-ST-ZIP CITY-ST-ZIP TITLE	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP Table to make a contraction 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	CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Cohange Addition NAME STREET ADDRESS CITY-ST-ZIP Title STREET ADDRESS CITY-ST-ZIP Title	√ 3				— ;	
NAME.	CITY-ST-ZIP CITY-ST-ZIP TITLE .TITLE	TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS IS \$P\$ CITY-ST-ZIP CITY-ST-ZIP SP\$	Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 13. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes further certify that the information.	Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 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.	TITLE NAME STREET ADDRESS CITY-ST-ZIP 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	ξ.					
NAME STREE! ADDRESS STREET ADDRESS	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHange Addition Addition	NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP SP-	NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP 13. 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. 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	NAME STREET ADDRESS CITY-ST-ZIP 13. 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. 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	0111-91-21r			CIT-51-2IP		
NAME . STREE! ADDRESS STREET ADDRESS	CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition Addition	NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP SP-	NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP 13. 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. 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	NAME STREET ADDRESS CITY-ST-ZIP 13. 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. 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	TITLE: L		[7 0-1	TITLE		Change Addition
NAME. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP TITLE	STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP ST	STREET ADDRESS CITY-ST-ZIP 13. 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. 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	STREET ADDRESS CITY-ST-ZIP 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. 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		•	LI Delete	1		☐ ondings ☐ Audition
NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE: Delete TITLE	CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME. NAME	CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP contact the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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	CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 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. 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				–	_	
NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE: Delete TITLE NAME NAME	CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE Delete NAME NAME NAME NAME NAME NAME NAME Delete NAME		13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Vi). Florida Statutes: I further certify that the information	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	1. 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. 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	STREET ADDRESS			STREET ADDRESS	li 📡	T
NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE: Delete TITLE NAME NAME STREET ADDRESS ISTREET ADDRESS	CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	42 books partifulation of the state of the	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 each; that I am an officer or director	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				POTY OT 710		, -
NAME . STREET ADDRESS . STREET ADDRESS . CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition . Addition . NAME . STREET ADDRESS .	CITY-ST-ZIP TITLE TITLE TOPER TITLE TOPER TITLE TOPER TOP		10. I dereby 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 each; that I am an officer or director	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				CITY-ST-ZIP	·• -	

Y-28-01