

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000046410 1. Entity Name SUE HOLLINGSWORTH, P.A.			Secretary of State																																								
Principal Place of Business 1300 W. NORTH BLVD. LEESBURG, FL 34748		Mailing Address 1300 W. NORTH BLVD. LEESBURG, FL 34748																																									
DO NOT WRITE IN THIS SPACE		 01152004 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3514045 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																									
6. Name and Address of Current Registered Agent HOLLINGSWORTH, SUE 1300 W. NORTH BLVD. LEESBURG, FL 34748		DO NOT WRITE IN THIS SPACE																																									
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. I am familiar with, and accept the obligations of registered agent.																																											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">TITLE</td><td>PST</td></tr><tr><td>NAME</td><td>HOLLINGSWORTH, SUE</td></tr><tr><td>STREET ADDRESS</td><td>1300 W. NORTH BOULEVARD</td></tr><tr><td>CITY-STATE-ZIP</td><td>LEESBURG, FL 34748</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr></table>		TITLE	PST	NAME	HOLLINGSWORTH, SUE	STREET ADDRESS	1300 W. NORTH BOULEVARD	CITY-STATE-ZIP	LEESBURG, FL 34748	TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		<div>U000000024415</div> <div>02/02/04-80066-013 150.00</div> DO NOT WRITE IN THIS SPACE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.																																											
SIGNATURE: 		Sue Hollingsworth ✓ 352-787-6966																																									