7/12/01-90117-020-\$150.00-\$150.00

1. Entity Nan ESR MA		: <b>P980000</b> ; INC.	وليند			FILED SECRETARY OF STATE OFFICE OR OF CORPORATIONS  OI DEC 20 PM 3: 33					
Principal Plas	ce of Business		Mailing Address			1			, 0,0		
925 CAMELLIA IAINT PETERSI	A WAY SBURG FL 33705		4925 CAMELLIA WAY SAINT PETERSBURG FL	33705							
2. Principal Place of Business		3. Malling Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DEBICE DO NOT WRITE IN THIS SPACE					· • <u>`</u>	
City & State		City & State			4. FEI Númber		NUCLUM	B A	pplied For	<b>⊒</b> . ˈ	
Zip		Country	Zip	Countr	ry	5. Certificate of	f Status Desired		8.75 Ad se Requir		9. 3.
	6. Name an	d Address of Current F	Registered Agent			7. Name and	ddress of New R	legistered Ag	ent		‡~
RAY, SAMUEL F 4925 CAMELLIA WAY SAINT PETERSBURG FL 33705			<del></del>		_Name						
			-		Street Address (P.O. Box Number is Not Acceptable)					-	
					City		<del></del>	FL	Zip Co	de	1
								vide			⊣ .
8. The above	named entity su	ibmits this statement for	r the purpose of changing	its registered	d office or register	red agent, or both	, in the State of Fig	moa.			Ì
SIGNATURE .	Samuel	ubmits this statement for	SAMULL F	. Ra	d office or register			18-01 DATE			
SIGNATURE  9. This corporate filing is	Signature, typed or pr	J. Continued name of registered agent as to satisfy its Intangible	SAMULL F. (NA FILE NOV	PA OTE Registered W!!! FEE !! 2001 Fee w	Agent signature required IS \$150.00 will be \$550.00	when reinstating)  10. Elec		DATE ancing	\$5.0	OO May Be d to Fees	
9. This corporate filing in (See criter)	Signature, typed or prooration is eligible requirement and aria on back)	inted name of registered agent as to satisfy its Intangible elects to do so.	FILE NOV After MAY 1, Make Check Pay	W!!! FEE I! 2001 Fee w yable to Dep	hown signature required IS \$150.00 will be \$550.00 partment of Stal	10. Elec Trus	12-	DATE  ancing  CERS AND D	\$5.0 Adde	d to Fees	(6
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9. This corporate files files files (See criter 11. III'LE NAME STREET ADDRESS CITY-ST-ZIP	Square, typed or proration is eligible requirement and sria on back)  DP RAY, SAMUE 4925 CAMELISAINT PETER	or to satisfy its Intangible elects to do so.  OFFICERS AND D	FILE NOV After MAY 1, 2 Make Check Pay:  DIRECTORS	Will FEE II 2001 Fee w rable to Dep 12. Time NAME STREET	Numeri signature required IS \$150.00 will be \$550.00 partment of Stat	10. Elec Trus ADDITIONS/C	ion Campaign Fin	DATE  ancing  CERS AND D  CERS AND D  E  1745  8500.00	\$5.0 Adde DIRECTOR Change 5 1 :9 01071	d to Fees  S IN 11  Addition  5  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1	\$2
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