Hmmended

FOR PROFIT CORPORATION

UNIFORM	<b>BUSINESS REP</b> (	ORT (UBR)	
DOCUMENT # P	980000 56363		FILED
R3D Steel, I	Cnc.		02 JUL 18 PM 2: 11
DO NOT WRITE IN THIS SPACE			SECRETARY OF STATE FALLAHASSEE. FLORIDA
DO NOI	AAIZHE HA HHIO	JIACL	2000076754926 -09/12/0201008021
		5-6957 N	******8.75 ******8.75
· _	Suite, Apt. #, et	.c.	DO NOT WRITE IN THIS SPACE
City & State Pete. FL Zip Country Country	City & State	ete. FL	4. FEI Number 59 - 3553807 Applied For Not Applicable
2ip 33710 Counti	<sup>ry</sup> U.S. <sup>zip</sup> 33710	Country V.S.	5. Certificate of Status Desired \$8.75 Additional Fee Required
•		None	7. Name and Address of Current Registered Agent
DO 1	IOT WOITE	Name Do	igld E. Glav
The second secon	NOT-WRITE	Street Address	(P.O. Box Number Is Not Acceptable)
IN TI	HIS SPACE		)- (04) 2(70
		City	Tip Code
<u> </u>		50.	FL 33710
3. The above named entity submits	this statement for the purpose of chan	iging its registered office or registe	ered agent, or both, in the State of Florida.
/ )	000		7/0/-2
SIGNATURESignature, typed or printed na	me of registered agent and title if applicable.	——————————————————————————————————————	ad when reinstaling)  DATE
9. This corporation is eligible to sat	liefy its Intangible Januar	ry 1 - May 1 Fee is \$150.00	
Tax filing requirement and elects	Afte	er May 1, Fee is \$550.00 mended UBR is \$61.25	10. Election Campaign Financing \$5.00 May Be
(See criteria on back)		Payable to Department of St	Trust Fund Contribution.
l1.	OFFICERS AND DIRECTORS		
ITE HESIDENT	r Clay	TITLE	
NAME STREET ADDRESS   DOOG KI	E. Glay	NAME STREET ADDRESS	2000076754926 -09/12/0201008022
TITY-ST-ZIP	FL 33710	CITY-ST-ZIP	*****61.25 *****61.25
ITLE - UI'CE- PIE	sident .	TITLE	
IAME DIGNE G	ray	NAME	
TREET ADDRESS 235-69	51'W FL 33716	STREET ADDRESS	•
ITY-ST-ZIP Dr. YCTE, F	9233710	CiTY-ST-ZIP	
ITLE		TITLE NAME	
TREET ADDRESS		STREET ADDRESS	DO NOT WOITE
ITY-ST-ZIP		CITY-ST-ZIP	DO NOT WRITE
TLE		TITLE	IN THIS SPACE
AME TREET ADDRESS		NAME STREET ADDRESS	IN INIO OFACE
HTY-ST-ZIP		CITY-ST-ZIP	No. 110 of
ITLE		TITLE	<del>/ \\                                  </del>
AME		NAME	/ <b>\</b> \  \'
TREET ADDRESS		STREET ADDRESS	
ITY-ST-ZIP		CITY-ST-ZIP	( )
ITLE AME		TITLE	$\sim$
TREET ADDRESS		NAME. STREET ADDRESS	
ITY-ST-ZIP		CITY-ST-ZIP	` ,
Indicated on this report or supple	emental report is true and accurate and or trustee empowered to execute thi	d that my signature shall have the	section 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director i07, Florida Statutes; and that my name appears in Block 11 or on an
with the second	ran outer into empowered.	_	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: L