Pinning Pack of Business  O1-09-2001 9001 5 (2005 SHORAS DR. WEST UTIE 20)  POWE VERNA BEACH F1 32082  POWE VERNA BEACH F1 32082  POWE VERNA BEACH F1 32082  Zip Country  Zip Country  Zip Country  Zip Country  Zip Country  S. Certificate of Status Desired  A. FEI Number 91-1924133  Zip Country  S. Certificate of Status Desired  A. FEI Number 91-1924133  Zip Country  Street Address (P.O. Box Number is Not Acceptable)  Tyour VERNA BEACH F1 32082  City A State  A. FEI Number 91-1924133  Fine and Address of New Registered Agent  Name  Name  Name  Name  City A State  A FEI Number 10 Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL  Street Address (P.O. Box Number is Not Acceptable)  Attention of the State of Ford a.  SIGNATURE  By This acorporation is aligned to lagisly bit Interagable  Tax filing counterment and elects to do so  Make Check Payable to Department of State  YOURR MARGIE  10033 SAWGRASS DR W, STE 200  PONTE VERNA BEACH F1 32082  Title Now Interaction is aligned to Department of State  YOURR MARGIE  10033 SAWGRASS DR W, STE 200  PONTE VERNA BEACH F1 32082  Title Now Interactions  Make Check Payable to Department of State  Now Interactions  Make Check Payable to Department of State  Now Interactions  Make Check Payable to Department of State  Now Interactions  Make Check Payable to Department of State  Now Interactions  Make Check Payable to Department of State  Now Interactions  Make Check Payable to Department of State  Now Interactions  Make Check Payable to Department of State  Now Interactions  Make Check Payable to Department of State  Now Interactions  Make Check Payable to Department of State  Now Interactions  Make Check Payable to Department of State  Now Interactions  Make Check Payable to Department of State  Now Interactions  Make Check Payable to Department of State  Now	ED 1 8:00 ar of State
SUITE 20 PONTE VERA BEACH FL 32082  2. Principal Place of Business  Suite Apt #, etc.  Suite Apt #, etc.  Suite Apt #, etc.  Suite Apt #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  St. Certificate of Status Desired  For Address of New Registered Agen  YODER, MARGIE 10033 SAWGRASS DR. WEST  Suite 200 PONTE VEDRA BEACH FL 32082  City  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, upper or principane of squares spars and real succession.  POTE Representational Agent squares makes when invitationally.  Phile componition is eligible to squarely its Intanggible for After Mary 1, 2001 Fee will be \$550.00  After Mary 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  The MARGIE 10033 SAWGRASS DR W, STE 200 PONTE VEDRA BEACH FL 32082  POTE Department of State  VODER, MARGIE 10033 SAWGRASS DR W, STE 200 PONTE VEDRA BEACH FL 32082  POTE ST-2P  UDER MARGIE 1004555  This componition is eligible to squarely its Intanggible 10033 SAWGRASS DR W, STE 200 PONTE VEDRA BEACH FL 32082  POTE ST-2P  Delete 11. OFFICERS AND DIRECTORS  TIE  MARK 11. OFFICERS AND	027 ***150.00
Suite Apt. #, etc.   Suite Apt. #, etc.   Suite Apt. #, etc.   Do NOT WRITE IN THIS SP.   City & State   City & State   A. FEI Number 91-1924133	
Suite. Apt. #, etc.    Suite. Apt. #, etc.   Suite. Apt. #, etc.   DO NOT WRITE IN THIS SP/   City & State   City & State   4. FEI Number \$1-1924133   Zip   Country   Zip   Country   5. Certificate of Status Desired   \$56     State   Stat	
Suite. Apt. #, etc.    Suite. Apt. #, etc.   Suite. Apt. #, etc.   DO NOT WRITE IN THIS SP/   City & State   City & State   A. FEI Number 91-1924133   Zip	
City & State  City & State  Country  Zip  Country  S. Certificate of Status Desired   \$5 Fe  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  YODER, MARGIE 10033 SAWGRASS DR. WEST SUITE 200 PONTE VEDRA BEACH FL 32082  City  The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  IGNATURE  Street Address (P.O. Box Number is Not Acceptable)  City  FL  The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  IGNATURE  Street Address (P.O. Box Number is Not Acceptable)  City  FL  The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  IGNATURE  Street Address (P.O. Box Number is Not Acceptable)  City  FL  The Address (P.O. Box Number is Not Acceptable)  City  FL  The Address (P.O. Box Number is Not Acceptable)  City  FL  The Address (P.O. Box Number is Not Acceptable)  City  FL  The Address (P.O. Box Number is Not Acceptable)  City  FL  The Address (P.O. Box Number is Not Acceptable)  City  FL  The Address (P.O. Box Number is Not Acceptable)  City  FL  The Address (P.O. Box Number is Not Acceptable)  City  FL  The Address (P.O. Box Number is Not Acceptable)  City  FL  The Address (P.O. Box Number is Not Acceptable)  City  FL  The Address (P.O. Box Number is Not Acceptable)  City  FL  The Address (P.O. Box Number is Not Acceptable)  City  FL  The Address (P.O. Box Number is Not Acceptable)  City  FL  The Address (P.O. Box Number is Not Acceptable)	
Zip Country Zip Country S. Certificate of Status Desired Series Country Status Series Country S. Certificate of Status Desired Series Country Status Series Countr	PACE
S. Certificate of Status Desired   Fig.    6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Name    Name   Na	Applied For
S. Deletinated Status Desired By S. Certificited Status Desired By S. Certificity S. Street Address of New Registered Agent YODER, MARGIE 10033 SAWGRASS DR. WEST SUITE 200 PONTE VEDRA BEACH FL 32082  3. 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.  5. GINATURE Separate, Special protect area of registered special protection and selection of registered special protection and selection of registered special protection and selection of special protection and selection of select	Not Applicable 88.75 Additional
VODER, MARGIE 10033 SAWGRASS DR. WEST SUITE 200 PONTE VEDRA BEACH FL 32082  City FL	ee Required
YODER, MARGIE 10033 SAWGRASS DR. WEST SUITE 200 PONTE VEDRA BEACH FL 32082  City  FL  City  City  FL  City  City  FL  City  City  FL  City	gent
Street Address (P.O. Box Number is Not Acceptable)    City   FL	
SUITE 200 PONTE VEDRA BEACH FL 32082  City FL  C	
City FL  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.  IGNATURE  Signature, typed or printed name of registered agent and title of applicable.  INOTE Propisered Agent spinature required when refutation;)  In This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  After MAY1, 2001 Fee will be \$550.00  After MAY1, 2001 Fee will be \$550.00  After MAY1, 2001 Fee will be \$550.00  Trust Fund Contribution.  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  IT ILE  WAME  HEET ADDRESS  TOTY-ST-2P  TOTY-ST-2P  THE  Delete TITLE  NAME STREET ADDRESS  CITY-ST-2P  THE  NAME STREET ADDRES	
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.    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.    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.    Above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.    Above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.    Above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.    Above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.    Above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.    Attended name of registered agent agent supmits registered office or registered agent, or both, in the State of Florida.    Attended name of registered Agent supmits registered office or registered agent, or both, in the State of Florida.    Attended name of registered Agent supmits registered office or registered Agent supmits regi	Zip Code
GNATURE    Signature, typed or printed name of registered agent and title if applicable.   NOTE Registered Agent signature required when reinstating)   DATE	
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)    OFFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	<u> </u>
Tax filing requirement and elects to do so.  (See criteria or back)    After MAY 1, 2001 Fee will be \$550.00   Trust Fund Contribution.	
THE MAKE MARGIE MARGIE MODER, MARGIE 10033 SAWGRASS DR W, STE 200 PONTE VEDRA BEACH FL 32082  Delete  ITILE MAKE ME REET ADDRESS V-ST-ZIP  LE ME REET ADDRESS LTY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  LE ME REET ADDRESS V-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  LE ME REET ADDRESS V-ST-ZIP  LE ME REET ADDRESS V-ST-ZIP  LE ME REET ADDRESS V-ST-ZIP  LE ME REET ADDRESS CITY-ST-ZIP  LE ME STREET ADDRESS CITY-ST-ZI	\$5.00 May Be Added to Fees
ME REET ADDRESS PONTE VEDRA BEACH FL 32082  LE ME NAME REET ADDRESS PREST ADDRESS CITY-ST-ZIP  LE ME STREET ADDRESS CITY-ST-ZIP  LE MAME STREET ADDRESS CITY-ST-ZIP  LE ME STREET ADDRESS CITY-ST-ZIP  LE MAME STREET ADDRESS CITY-ST-ZIP  LE MAME STREET ADDRESS CITY-ST-ZIP  LE MAME STREET ADDRESS CITY-ST-ZIP  LE ME	
REET ADDRESS IN: ST- 2IP PONTE VEDRA BEACH FL 32082    Delete	Change Addition
ILE ME  INTERT ADDRESS  V-ST-ZIP  Delete  INTILE  NAME STREET ADDRESS V-ST-ZIP  Delete  NAME STREET ADDRESS CITY-ST-ZIP  ILE  ME  REET ADDRESS V-ST-ZIP  Delete  INTILE NAME STREET ADDRESS CITY-ST-ZIP  LE  ME  REET ADDRESS V-ST-ZIP  Delete  INTILE NAME STREET ADDRESS CITY-ST-ZIP  LE  ME  STREET ADDRESS CITY-ST-ZIP  LE  MAME STREET ADDRESS CITY-ST-ZIP  LE  MAME STREET ADDRESS V-ST-ZIP  LE  ME  MAME STREET ADDRESS STREET A	
NAME STREET ADDRESS V-ST-ZIP  E    Delete   TITLE   NAME STREET ADDRESS   CITY-ST-ZIP	
STREET ADDRESS Y-ST-ZIP  Delete  ITILE ME	Change Addition
CITY-ST-ZIP  LE  ME REET ADDRESS REET ADDRES	
LE ME ME NAME STREET ADDRESS Y-ST-ZIP  LE ME ME HEET ADDRESS CITY-ST-ZIP  LE ME	· •
ME REET ADDRESS IY-ST-ZIP  LE Delete FITLE NAME REET ADDRESS CITY-ST-ZIP  LE NAME REET ADDRESS CITY-ST-ZIP  LE NAME STREET ADDRESS CITY-ST-ZIP  LE NAME REET ADDRESS CITY-ST-ZIP  LE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TY-ST-ZIP  TILE  IME REET ADDRESS TY-ST-ZIP  TILE NAME STREET ADDRESS TY-ST-ZIP  TILE ME REET ADDRESS TY-ST-ZIP  LE ME REET ADDRESS TY-ST-ZIP  LE Delete TITLE NAME STREET ADDRESS TY-ST-ZIP  LE NAME STREET ADDRESS TY-ST-ZIP	
LE  ME M	
ME REET ADDRESS Y- ST-ZIP  LE	☐ Change ☐ Addition
TY-ST-ZIP  CITY-ST-ZIP  TITLE  ME REET ADDRESS TY-ST-ZIP  LE Delete TITLE NAME STREET ADDRESS TY-ST-ZIP  LE Delete TITLE NAME STREET ADDRESS TY-ST-ZIP  LE Delete TITLE NAME STREET ADDRESS TY-ST-ZIP  LE NAME STREET ADDRESS TY-ST-ZIP	_
TITLE NAME NAME STREET ADDRESS  LE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  LE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  LE NAME NAME STREET ADDRESS CITY-ST-ZIP  LE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS Y-ST-ZIP  LE Delete TITLE NAME STREET ADDRESS GUTY-ST-ZIP  LE TITLE TO NAME STREET ADDRESS GUTY-ST-ZIP  LE	Change Addition
STREET ADDRESS  Y-ST-ZIP  LE  Delete  TITLE  NAME  REET ADDRESS Y-ST-ZIP  LE INTER  NAME  STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  LE INTER  NAME  STREET ADDRESS CITY-ST-ZIP	Change Addition
Delete TITLE  ME  ME  MEET ADDRESS Y-ST-ZIP  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	
NAME STREET ADDRESS (-ST-ZIP)  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	
STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP  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	Change Addition
r-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP  . 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	
. 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	
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 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 BI changed, or on an attachment with an address, with all other like empowered.	n an officer or director Block 11 or Block 12 if Block 2858805
SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling	time Phone #