| 1. Entity Name | TN | · · · · · · · · · · · · · · · · · · · | | Secretary of State | |
|--|--|---|---|---|--|
| 13650 66TH S | TN | Mailing Address | Apr 08, 2005 08:00 AM Secretary of State | | |
| | | Mailing Address 13650 66TH ST N LARGO, FL 33771 | | | |
| DC | | IN THIS SPA | CE | 04062005 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3534476 Applied Fc Not Applic 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| CRABB, JAN 13650 66TH LARGO, FL | ST N | | | DO NOT WRITE IN THIS SPACE | |
| the obligation | med entity submits this statement for is of registered agent. | | red office or register | ered agent, or both, in the State of Florida. I am familiar with, and acc <u>4-6-05</u> when refinstating) | |
| | NOW!!! FEE IS \$150.00 1, 2005 Fee will be \$550. OFFICERS AND | | | 5.00 May Be ded to Fees | |
| ITTLE P VAME R STREET ADDRESS 1 UTY-ST-ZIP L UTTLE V VAME C STREET ADDRESS 1 | D COESCH, JOHN MARK 3650 66TH ST N ARGO, FL 33771 TSD RABB, JAMES R 3650 66TH ST N ARGO, FL 33771 | | - | U00000292887 04/08/05-80007-005 150.00 | |
| ITLE IAME ITREET ADDRESS ITTY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP | NE EET ADDRESS Y-ST-ZIP IE AE EET ADDRESS | | | DO NOT WRITE IN THIS SPACE | |
| ITTE | | | | •••• | |
| CITY-ST-ZIP 12. I hereby cert indicated on of the corpor | ration or the receiver or trustee emp on an attachment with an address, | owered to execute this report as requ | uired by Chapter 607 | ection 119 07(3)(i), Florida Statules. I further certify that the information same legal effect as if made under oath, that I am an officer or direc 7, Florida Statutes, and that my name appears in Block 10 or Block 1 4-6-05 Date Date Date Date Date Block | |