

DOCUMENT # P98000099032				
1. Entity Name ELIZABETH J. FUHRI, INC.				
Principal Place of Business 164 PALM DR. APT. 5 NAPLES FL 34112		Mailing Address 164 PALM DR. APT. 5 NAPLES FL 34116-6934		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				
FUHRI, ELIZABETH J 164 PALM DR. APT. 5 NAPLES FL 34112			Name	
			Street Address (If different from above)	
			City	
			State	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		
11. OFFICERS AND DIRECTORS				
TITLE	D FUHRI, ELIZABETH J 164 PALM DR. APT. 5 NAPLES FL 34112	<input type="checkbox"/> Delete	TITLE	
NAME				
STREET ADDRESS CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME				
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NAME				
STREET ADDRESS CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME				
STREET ADDRESS CITY-ST-ZIP				
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same effect as if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

03-20-2000 90014 048 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3544358	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
FUHRI, ELIZABETH J 164 PALM DR. APT. 5 NAPLES FL 34112	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center">FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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[illegible]

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00
Date

Daytime Phone #