DOCUM	UNIFORM BUSI ENT # P980001 INVESTMENT RECOVERY S	05157	ORT (ÚBR)	FILED Aug 21, 2000 8:00 ar Secretary of State 07-20-2000 90025 015 ***150.00
Principal Place of 1238 MONTEREY ST PETERSBURG	BLVD NE	Mailing Address 1238 MONTEREY BLVD: ST PETERSBURG FL 35	NE 1704	
2. Principal Place 501 5 Suite, Apt. #,	Dakota Ava	3. Mailing Address SO\ 5 Da.K. Suite, Apt. #, etc.	ta Ave	DO NOT WRITE IN THIS SPACE
City & State Tampo Zip 3360	Country United States	City & State lampa Zip 33606	Country United Ste	4. FEI Number 59.3555049 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent
6. Name and Address of Current Registered Agent. MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD, SUITE 309 TAMPA FL 33629			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
SIGNATURE	gnature, typed or primad name of registered agent attion is eligible to satisfy its Intangible quirement and elects to do so.	FILE NO	WIII FEE IS \$550.00	10. Election Campaign Financing \$5.00 May 53 Trust Fund Contribution. Added to Fees
(See criteria 11. TITLE NAME STREET ADDRESS		Make Check Pay	yable to Department 12. 11LE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President Magnan, Robert 1383 Honterey Cir NE
CITY-ST-ZIP TITLE NAME STREET ADDRESS	ST PETERSBURG FL 33704 ST ALMENGUAL, KATHRYN C 968 MONTEREY PT NE	Delete	CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	St. Petersburg, Fl. 33704 Change Addition
TITLE NAME - STREET ADDRESS	ST PETERSBURG FL 33704	Oelete Oelete	TITLE NAME - STREET ADDRESS CITY-ST-ZIP	☐ Chánge ☐ 'Addillón
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS : CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST 719		☐ Delete	TITLE NAME STREET ADDRESS CUTY-ST-ZIP	☐ Change ☐ Addition
indicated	ertify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	powered to execute this re with all other like empower.	nort as required by Cha	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the Information ave the same legal effect as if made under oath; that I am an officer or director opter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if
SIGNAT	URE: AND THE AND THE OR	PRINTED NAME OF SIGNANG OFF	TICER OR DIRECTOR	Date Dayuma Phone #