| 2007 FOR PROFIT CORPORATION | | | | | FILED Apr 23, 2007-08:00 AN | | | |
|--|--|---|---|---|---|---|---|--|
| DOCU 1. Entity Nan LINE CO | MENT # P990000151 ŘP. | | Apr 23, 2007 08:00 AN Secretary of State | | | | | |
| | | Mailing Address 75 N. MARKET ST ASHEVILLE, NC 28801 | | | | | | |
| C | O NOT WRITE I | N THIS SPA | CE | | No Chg-P 70 | CR2E034 (11/ | | |
| | 6. Name and Address of Current Reg A, BOB OND AVENUE NORTH RSBURG, FL 33710 | istered Agent | | | OT W | | | |
| the obligat SIGNATURE_ FIL | named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and ut E NOW!!! FEE IS \$150.00 | e il applicable. (NOTE: Register 9. Election Campaign Fina | ed Agent signature required | when reinstalkng) | the State of Flor | ida. I am familiar v DATE | vilh, and accept | |
| After Ma | ay 1, 2007 Fee will be \$550.00 OFFICERS AND DIRE | Trust Fund Contribution. | . 🗆 Ádde | d lo Fees | | · · | • • • • | |
| NAME Street address City-St-Zip | GREENBERG, STAN 93 HIDDEN FALLS DR ASHEVILLE, NC 28804 | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MRYNCZA, BOB 6021 SECOND AVENUE NORTH SAINT PETERSBURG, FL 33710 | | | | U000 05/04/0 | 00726451 7-80008-0 | 06 150.00 | |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | | | | DO N | OT W | RITE | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | IN TH | IIS SP | ACE | · · | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | , pert | | | | | | | |
| TITLE NAME Street address City • St • Zip | | | | | | | | |
| 12. I hereby c indicated of the corr changed, | ertify that the information supplied with this on this report or supplemental report is true paration or the receiver or trustee empowere or on an attachment with an address, with a | filing does not qualify for the exe and accurate and that my signal d to execute this report as requi II other like empowered. | emptions contained ture shall have the si red by Chapter 607, | in Chapter 119, Flor ame legal effect as i Florida Statutes; an | ida Statutes. I fu f made under oa d that my name | inther certify that the that the that the that I am an off appears in Block 1 | ne information cer or director 0 or Block 11 if | |
| SIGNAT | | CALL OF SIGNING OFFICER OR DIRECT | TOR | 4, | 18/07 Date | f 2s-270 Daytime Phon | | |

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