04-03-2000 9020)6 03	36 *	***15	58.75		
000	4 9'	76	5			
DO NOT WRITE IN TH	IIS SP.	ACE	Ī.			
nber			Ap	pplied Fo	r	
67385	<u>-</u>	[No	ot Applica	able	
ate of Status Desired	\$1 Fe	8.7 e R	5 Add	ditional d		
nd Address of New Registere	ed Ag	ent				
ber is Not Acceptable)						
F	ĿL	Zi	p Cod	е		
ooth, in the State of Florida.		l				
2/	6. 1	/				
DATI	<u>~О/Б</u> Р Е	-00	7 a			
Election Campaign Financing Trust Fund Contribution.				0 May E i to Fees		
IS/CHANGES TO OFFICERS A	ND D	IRE	CTOR	S IN 11		
			nange	Add	ition	
		X C	nange	☐ Add	ition	
iello						
rd CIrcle						

SIGNATURE Comparison for a process of the process of process of the process of	1. Entity Nam	MENT # P9900002675	1	•		FIL] Apr 03, 200 Secretary	00 8: of S		
4119 Gunn Highway 2310 Milford Circle Subse, Apt. #, etc. Subse, Apt.	4119 Suite Tampa	Gunn Highway 29 , FL 33624	2310 Milford Sarasota, FL					58.75	
Tampa, FL Zip Zip 33624 Hillsborough Sarasota, FL Zip 33624 Hillsborough Sarasota, FL Zip 33624 Hillsborough Sarasota, FL Zip 33624 Hillsborough Sarasota, FL Zip 33624 Hillsborough Sarasota, FL Zip 33629 Sarasota, FL Zip Zip 33629 Sarasota, FL Zip Zip Zip 33629 Sarasota, FL Zip	4119 Suite, Apt. Suite	Gunn Highway #, etc. 29	2310 Milford Circle						
Summary Address of Current Registered Agent John Papesch, III 4119 Gunn Hwy Suite 29 Tampa, FI, 33624 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SHONATURE The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. The Above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. The Above named entity submits this statement for the purpose of registered agent, or both, in the State of Florida. The Above named entity submits this	Tampa	, FL	Sarasota, FL	Country	5	9-3567385		lot Applicable	
John Papesch, III 4119 Gunn Hwy Suite 29 Tampa, FI, 33624 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. JEHN Papes Chick Payable in Security of the Paper Code of the Complete of the Code of t		Hillsborough	33439	Sarasota			Fee Requir		
Signature 3 33624 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 agent, or both, in the State of Florada Signature	John		egistered Agent	Name	7. 1	Name and Address of New Registered	Agent		
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. Park	4119 - Suite	Gunn Hwy 29			ddress (P.O. B		77.00		
9. This corporation is eligible to saisly its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ON May Be Added to Fees 16. Election Campaign Financing Trust Fund Contribution. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 18. OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 19. OFFICERS AND DIRECTORS IN 12 19. OFFICERS AND DIRECTORS IN 11 10. Election Campaign Financing Thus Fund Control of State 10. OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 10. OFFICERS A	8. The above	named entity submits this statement for	the purpose of changing its		registered age		<u> </u>		
Tax fling requirement and elects to do so (See criteria on back) Control Control	SIGNATURE .	Signal was, typed or printed offer of registered agent an		Page SC	ure required when re	enstating) DATE	pasos		
President, Director Yole Delete TITLE Change Addition Additio	Tax filing r	requirement and elects to do so. ria on back)	After MAY 1, 20 Make Check Payat	00 Fee will be \$4 ble to Departmen	559.00 I of State	Trust Fund Contribution.	☐ Adde	ed to Fees	
NAME JOhn Papesch, III 4119 Gunn Hwy Tampa, FL V, S, T, D Philip Auciello STREET ADDRESS CITY-ST-ZIP TITLE Sarasota, FL 34239 TITLE NAME NAME TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAM					AD I	DITIONS/CHANGES TO OFFICERS AN			
TITLE NAME Philip Auciello STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET	NAME STREET ADDRESS	John Papesch, III 4119 Gunn Hwy	L_PDGIGIG	NAME STREET ADDRESS			_ Omang-		
TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Philip Auciello 2310 Milford Circle	☐ Delete	NAME STREET ADDRESS	Philip 2310 M:	Auciello ilford CIrcle	[X] Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	name Street address		☐ Delete	NAME "STREET ADDRESS"			Change	Addition	
NAME	name Street address		☐ Delete	NAME STREET ADDRESS			☐ Change	Addition	
NAME STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS			☐ Change	Addition	
	TITLE NAME STREET ADDRESS		☐ Delete	NAME			☐ Change	☐ Addition	

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 of 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 an address with an officer or Director.

SIGNATURE:

SIGNATURE:

Date

Date

Daytimie Phone #