

DOCUMENT # P99000069686

Principal Place of Business	Mailing Address
3712 BARCELONA STREET TAMPA FL 33629	3712 BARCELONA STREET TAMPA FL 33629

6. Name and Address of Current Registered Agent

JONES, GREG
3712 BARCELONA STREET
TAMPA FL 33629

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

11.		OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, GREG 3712 BARCELONA STREET TAMPA FL 33629	<input type="checkbox"/>	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	Delete
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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: GREG JONES 4/9/01 (813) 248-9258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3590491	Applied For
		Not Applicable

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

7. Name and Address of New Registered Agent

_____ (P.O. Box Number is Not Acceptable)

FL	Zip Code
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CR2E034 (10/00)

SIGNATURE: GREG JONES 4/9/01 (813) 248-9258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #