ZUDI UNIFURM BUSINESS REPO	,,,,	· .	
DOCUMENT # P99 000 99 \ 2		FILE SECRETARY O TALLAHASSEE	D IF STATE . FLORIDA
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Principal Place of Business Mailing Address	1 01914	, O1 400 00 1	11 11 33
3700 5. Hopkins Ave # F			
THUSYILE FI BATED			
2. Principal Place of Business. 3 100 S Honkins Ave.	<u> </u>		
Sulle, Apt. #, etc. Sulle, Apt. #, etc.		DO NOT WRITE IN THIS	SPACE
Thy & State City & State	Tity & State City & State		Applied For
232780 COUSH ZIP	Country -	5. Certificate of Status Desired	Not Applicable \$8.75 Additional
6. Name and Address of Current Registered Agent	L	7. Name and Address of New Registered	Fee Required
CARIO COOK (LEWO C COO	Name	T. Hanne and Address of New Registered	Agent
1901 VAUGHD ST			
Titusulle F1 32794			
20014	City	FI	Zip Code
8. The above named entity submits this statement for the purpose of changing its	registered office or regist		
(t A)			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE	E: Registered Agent signature requir	red when reinstating) DATE	·
	***************************************	- I	•
Tax filing requirement and elects to do so. After MAY 1, 200	!! FEE IS \$150.00 01 Fee will be \$550.00	-10Election Campaign Financing  Trust Fund Contribution.	\$5:00 May Be
	le to Department of St	tate (Tust Fulld Contribution).	☐ Added to Fees
11. OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AN	
NAME   LLOYO W HILLOSON DOCTOR	and the second s	1.25-AC	Change Addition
STREET ADDRESS 180 STEAM LA	STREET ADDRESS	).00-ARARTS	5
Shehandoan, VA 22849		3.75-ARSUPP	
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CITY-ST-ZIP THUSVILLE FI 32796	CITY-ST-ZIP		
TITLE Delete Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS 38 60 ESSEY ST	NAME :: STREET ADDRESS	6000045722 	206 7 7
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STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	<b>.</b>	, <b>2</b> b
	CITY-ST-ZIP		M. 41-14-15-15
13. I hereby certify that the information supplied with this filling does not qualify for indicated on this report or supplemental report is true and accurate and the of the corporation or the receives or trustee employed to execute this report as the property of the result of the corporation.	iv signature shall have the	same legal effect as if made under noth: that I :	am an officer or director 1
13. Thereby territy that the information supplied with this filling does not quarry for indicated on this report or supplemental report is true and accurate and that mot the corporation or the receive or trustee empowered to execute this report a changed, or on an attachment with an address, with all other like empowered.	iv signature shall have the	same legal effect as if made under noth: that I :	am an officer or director 1

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## ACCURATE ACCOUNTING OF TITUSVILLE, INC. 3435 South Hopkins Avenue #3 Titusville, Florida 32780 (407) 267-1449

August 27,2001

Florida Department of State Division of Corporations P.O.Box 6327 Tallahassee, Fl 32314

Dear Sir:

Enclosed please find check in the amount of \$300.00 to reinstate this corporation. We are respectively requesting and all penalties be waived as original written notice was never received.

Thank you very much for your consideration in this matter.

Accurațe Accou

Vice President

**Current Address:** 

1901 Vaughn Street Titusville, Fl 32796