| DO NOT WRITE IN THIS SPACE 4. FE 6 5. Co 6. Name and Address of Current Registered Agent MOSBY, ROBERT T. 4705 MCINTOSH RD. SADAGOTA L. 24070 | Feb 25, 2005 08:00 AN Secretary of State |
|---|--|
| 4705 MCINTOSH RD. SARASOTA, FL 34233 ARASOTA, FL | B2005 No Chg-P CR2E034 (10/03) I Number Applied For 5-0300317 I Not Applicable wtificate of Status Desired \$8.75 Additional Fee Required Fee Required |
| DO NOT WRITE IN THIS SPACE 4. FE 6 5. Co 6. Name and Address of Current Registered Agent MOSBY, ROBERT T. 4705 MCINTOSH RD. 5. ADDREST A CONTOCH RD. 5. ADDREST A CONTO | B2005 No Chg-P CR2E034 (10/03) I Number Applied For 5-0300317 I Not Applicable wtificate of Status Desired \$8.75 Additional Fee Required Fee Required |
| 6 5. Co 6. Name and Address of Current Registered Agent MOSBY, ROBERT T. 4705 MCINTOSH RD. SADASOTA EL 24000 | 5-0300317 Not Applicable rtificate of Status Desired \$8.75 Additional Fee Required NOT WRITE |
| 6. Name and Address of Current Registered Agent MOSBY, ROBERT T. 4705 MCINTOSH RD. | |
| 4705 MCINTOSH RD. | |
| SARASOTA, FL 34233 | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent the obligations of registered agent. SIGNATURE | 14 Y |
| FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 Ma After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$4dded to Fe | y Be |
| 10. OFFICERS AND DIRECTORS ITTLE D NAME MOSBY, ROBERT T. STREET ADDRESS 4705 MCINTOSH RD. CITY-ST-ZIP SARASOTA, FL | UU0000243409 02/25/05-80038-014 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-2P | 02/25/05-60038-014 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZP | DO NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | N THIS SPACE |
| IITLE NAME STREET ADDRESS CITY - ST- ZIP | |
| THE NAME STREET ADDRESS CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filter does not qualify for the exemption stated in Section 11 indicated on this report or supplemental report is true and accurate and that my signature shall have the same leg of the corporation or the receiver of tustee empowered to execute this report as required by Chapter 607, Florida changed, or on an attachment with all address, with all other like empowered. SIGNATURE: SIGNATURE: | 2.07(3)(i). Florida Statutes. I further certify that the information al effect as if made under oath, that I am an officer or director Statutes; and that my name appears in Block 10 or Block 11 if $2/22/05$ $941-925\cdot1025$ |