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Suite, Apt. #, etc. DO NOT WRITE City & State City & State 4. FEI Number 59-3086881 Zip Country Zip Country 5. Certificate of Status Desired DAN EDELMAN G622 SOUTHPOINT DR S. JACKSONVILLE FL 32202 Street Address of New Reg Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Chy Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Chy Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Chy Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Chy Street Address (P.O. Box Number is Not Acceptable) Street address (P.O. Box Number is Not Acceptable) Chy Street Address (P.O. Box Number is Not Acceptable) Street address (P.O. Box Number is Not Acceptable) Chy Street Address (P.O. Box Number is Not Acceptable) Street address (P.O. Box Number is Not Acceptable) Chy Street Address (P.O. Box Number is Not Acceptable) Street address (P.O. Box Number is Not Acceptable) Chy Street Address (P.O. Box Number is Not Acceptable) Street address (P.O. Box Number is Not Acceptable)		
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Zip Country Zip Country 5. Certificate of Status Deaired 6. Name and Address of Current Registered Agent 7. Name and Address of New Reg DAN EDELMAN -6622 SOUTHPOINT DR S. JACKSONVILLE FL 32202 Name Name City City City The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid Trust floring requirement and elects to do so. (NOTE: Peguterio Agent tignulue required agent, or both, in the State of Florid City 2. This corporation is eligible to satisfy its Intangible Tax fling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Finar Trust Fund Contribution. 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFIC MEE MEET ADDRES PAMAMA CITY BCH FL 32417 Delete Intit Make Vistr ADDRESS 7751 BELFORT PKWY -STE 120 StRET ADDRESS CITY-ST-2P CITY-ST-2P NAME COLSON, WILLIAM FRAMER, WALTER Delete Intit Make MEET ADDRESS 7751 BELFORT PKWY -STE 120 StRET ADDRESS CITY-ST-2P StRET ADDRESS CITY-ST-2P NE O Dolete Intit Make Make StRET ADDRESS 7751 BELFORT PKWY -STE 120 StRET ADDRESS CITY	IN THIS SPACE	
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW !!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Finar Trust Fund Contribution. 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFIC AME REET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE D Delete ITTLE AME MASHEK, EDWARD STREET ADDRESS CITY-ST-ZIP TACKSONVILLE FL 32256 CITY-ST-ZIP ITTLE NAME TREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP ITTLE AME COLSON, WILL	FL Zip C	ode
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