2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT. (UBR)

V28981

DOCUMENT #

1. Entity Name

FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90135 028 ***150.00

STREET ADDRESS CITY-ST-ZIP TITLE Delate TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME Change	ASSOCI	ATED PROPERTY MAINTE	NANCE, I	NC.	$\cdot /$								
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Cry & State City & State of State Desired Street Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City	2. Principal	Place of Business	3. Mailing Address										
Zip Country Zip Country S. Cerrificate of Status Desired S8.75 Additional Fee Regulated 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8.75 Additional Fee Regulated 8.75 Additional Fee	Suite, Apr	t. #, etc.	Suite,	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
E. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of charging its registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of charging its registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both in the State of Fonds. I am familiar with, and accept the	City & Sta	ate	City 8	City & State				1 D7-(12881II					
ABRISKIE, ROBERT Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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. I am familiar with, and accept the colligations of registered agent. SIGNATURE STORMAN Pyses or printed ment of imprised agent and tot if applicable. City FL Zip Code 6. 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. I am familiar with, and accept the colligations of registered agent. SIGNATURE STORMAN Pyses or printed ment of marked agent and tot if applicable. City FL Zip Code 6. 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. I am familiar with, and accept the colligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150,000 Addition	Zip	Country	Zip	Zip							\$8.75	.75 Additional	
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SIGNATURE Signature byte of or princed name of implament down and too if applicable. ChOTE Registered Agent byte above income whom initiating DATE		•	•			City				Zip Co	.		
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