Principal Place of Business   Making Address   BSSB LAKE BOSSE OR ORLANDO FL 2000   SUBJECT	1. Entity Nam	MENT # V37019 v. Caspermeyer, D.V.M., I	NC.	~		Jan 12,	FILED 2001 8 ary of	:00 an State
Sultie, Apt. #, clc.    Sultie, Apt. #, clc.   Sultie, Apt. #, clc.   DO NOT WRITE IN THIS SPACE	9528 LAKE BO	SSE_DR	8528 LAKE BOSSE DR					
City & State  City & State  City & State  Country  Countr	2. Principal P	Place of Business	3. Mailing Address	$- \parallel \parallel$				
Country   Zip   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$9.75 Additional Fee Required	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SPACE	
S. Name and Address of Current Registered Agent  CASPERMEYER, MARK W. 8528 LAKE BOSSE DR ORLANDO FL 32810  8. 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.  SIGNATURE  Spreame. Input or preted name of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  Spreame. Input or preted name of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  Spreame. Input or preted name of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATU	City & State		City & State		4. FEIN	Number <b>59-3125369</b>		Applied For Not Applicable
CASPERMEYER, MARK W. 8528 LAKE BOSSE DR ORLANDO FL 32810  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.  SIGNATURE  9. This corporation is eligible to satisfy its Intrangible Tax filing requirement and elects to do so. (See criteria on back)  OFFICER SAND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. CASPERMEYER, MARK W. SERET ADDRESS CITY-SI-2P  TITLE NAME SIRRET ADDRESS CITY-SI	Zip			Country			Fee Req	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica.  SIGNATURE    Signature, speak or pirede name of registered agent set six a spicable   ONTE Registered Agent signature required above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica.  SIGNATURE   Signature, speak or pirede name of registered agent set six a spicable   ONTE Registered Agent signature required above neemballing   OATE		6. Name and Address of Current	Registered Agent	Name	/, Nam	e and Address of New He	gistered Agent	
S. 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.    Signature, typed or preter former of registered agent and state agent and state applicable.   (NOTE Registered agent, or both, in the State of Florida.	8528		Street Address (P.O. Box Number is Not Acceptable)					
8. 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.  Signature Text Process of Control of Process of Control of Process of Control of Control of Process of Control of Contro	ORLANDO FL. 32810			City			FI Zip (	Code
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	9. This corpo	pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!!	! FEE IS \$150.00 1 Fee will be \$550.00	1	Election Campaign Fina	ncing\$	
TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME TITLE NAME NAME NAME	•		<b>i</b>	<u></u>		IONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 11
TITLE	TITLE NAME STREET ADDRESS	D Caspermeyer, Mark W. 8528 Lake Bosse DR		TITLE NAME STREET ADDRESS				
NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Chan	ge Addition
NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         CITY-ST-ZIP           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS			Chan	ge 🔲 Addition
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-SI-ZIP TITLE Delete TITLE CHange Addition NAME NAME NAME NAME	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Chan	ge Addition
TITLE Delete TITLE Change Addition	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Chan	ge 🔲 Addition
CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	_		☐ Chan	ge
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:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DRIBUSCORD.	indicated of the corp changed,	on this report or supplemental report is poration or the receiver or trustee emp- or on an attachment with an address,	s true and accurate and that my owered to execute this report as with all other like empowered.	signature shall have the srequired by Chapter 6	e same legal 07, Florida S	I effect as if made under oa statutes; and that my name	th; that I am an offi appears in Block 1	cer or director 1 or Block 12 if

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