01-31-2001 90019 028 ***150.00

DOCUMENT # V38760 1. Entity Name DAVID W. HEDRICK, P.A.

Principal Place of Business Mailing Address 801 N MAGNOLIA AVE 135 WEST CENTRAL BLVD. **SUITE 1100** ORLANDO FL 32801 ORLANDO FL 32803 3. Mailing Address 2. Principal Place of Business

DO NOT MOITE IN THIS SPACE

Outo, Apr. #, etc.		duite, Apr. 11, etc.			DO NOT WHITE IN THIS STACE			
City & State	°1. E/	City & State	FL	4. F	El Number 5	9-3126646	⊢	plied For ot Applicable
37800		32854-7397	Country USA		Certificate of State		\$8.75 Add Fee Required	litional
6. Name and Address of Current Registered Agent HEDRICK, DAVID W., ESQ 801 N MAGNOLIA AVE STE 304 ORLANDO FL 32803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 3, 204				
8. The above (SIGNATURE	named entity submits this statement for the stat	edrica.	gistered office or re			e State of Florida. / 2-0 DATE	-2001	<u>'</u>
9.—This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee Make Check Payable to D				0.00 of State	Trust Fund	ampaign Financing d Contribution.	Added	May Be I to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HEDRICK, DAVID W. 135 W CENTRAL BLVD.#1100 ORLANDO FL	Delete	TITLE NAME SIREET ADDRESS OTY-ST-ZIP	P3	,	Javid W. Aue	Change	S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDRICK, DAVID W. 135 W CENTRAL BLVD.#1100 ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Orlan	do fc	32804	Change	☐ Addition
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	The second secon	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			- ·-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
indicated	ertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoy	rue and accurate and that my	signature shall hav	e the same le	egal effect as if r	nade under oath; that	: I am an officer	or director

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR