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FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90063 045 ***150.00

4 1 3 4 5 6

DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3143418	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	

CR2E034 (10/00)CR2E034 (10/00)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Maury Thornton 2-19-01 727-726-0726

Date _____

Daytime Phone # _____