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## Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P. A.

ATTORNEYS AND COUNSELORS AT LAW

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www.deanmead.com

Writer's Direct Dial (407) 428-5109

December 27, 2002

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: Change of Registered Agent of Fyne-Wire Specialties, Inc.

Dear Sir or Madam:

Enclosed are an original and one copy of a Statement of Change of Registered Office or Registered Agent or Both for Corporations to be filed for Fyne-Wire Specialties, Inc., a Florida corporation, to change the registered agent of the corporation. Also enclosed is the corporation's check in the amount of \$35.00 in payment of the filing fee.

After the Statement has been filed, please return the copy stamped with the date of filing to this office.

Sincerely,

Kristina M. Longmuir, Paralegal

Kistia M. Longmur

Enclosures

cc: Charles H. Egerton, Esq.

Gregory T. Nedell, President

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	e provisions of s	sections 60	7.0502, 617.050	02, 607.1508, or 617.15	08, Florida Si	tatutes,	
this statement of	of change is subn	nitted for a	corporation org	anized under the laws o	f the State of		
Florida	in order	to change i	its registered off	fice or registered agent,	or both, in th	e State	
of Florida.					ا ا	0.	•
1. The name of	the corporation:	Fyne-Wire	Specialties, Inc.			رن <u>س</u>	
2. The principal	l office address:_	19633 Chu	rch Road		Zi.	主	ALCONOMICS OF THE PARTY OF THE
<u> </u>		Brandy Sta	ation, Virginia 22	714		2	
3. The mailing	address (if differ	ent): P.O.	Box 151		1		
		Brand	ly Station, Virgini	a 22714		3 <del>2</del>	É
4. Date of incor	poration/qualific	ation:09	9/25/92	Document number:	V66513	Dr.	,
	d street address or rtment of State:	of the curre	nt registered age	ent and registered office	on file with the	3	
	Charles H. Ege	rton					
	800 N. Magnoli	a Avenue, S	Suite 1500		<del></del>		•
	Orlando, Florida	32803			<del></del> _		
6. The name archanged):	nd street address	of the nev	w registered age	ent (if changed) and /or	registered of	lice (if	
	Dean Mead	Services	. IIC		<del></del>		
	800 N. Mac	molia Av	enue, Suite	1500	<del>-</del>		
•		(P.O. Box or	personal mailbox NO	acceptable)			
	Orlando, F	lorida_	32803		·		
The street addreagent, as change	ess of its register ed will be identi	red office a cal.	nd the street add	dress of the business of	fice of its regis	stered	
Such change was authorized by the	as authorized by ne board, or the	resolution corporation	duly adopted by has been notifi	y its board of directors o	or by an office nge.	r so	
S	chairman or vice chair	, av		ory T. Nedell, President		_	
I hereby accept I further agree I further agree performance of registered agen office address!	the appointment to comply with t my duries, and t	t as registe he provisio I am familic ument is b Lthat the co	red agent and a ns of all statute ar with and acc eing filed merel	(Printed or typed name and to gree to act in this capa s relative to the proper ept the obligation of my y to reflect a change in been notified in writing (Date)	city. and complete position as the registered	_	
If signing on behal	fof an entity: Dea	an, Mead,	Egerton, B	loodworth, Capouan	o & Bozarti	n, P.A.	, as So
chartes H.	rgerton			ce President		_	Member
(.	Typed or Printed Name)			(Capacity)	•		

\* \* \* FILING FEE: \$35.00 \* \* \*

By: