	020	392-70	_ (RIGIN
		, , , ,		1/258
Name of company or name of indiv	vidual (not fic	titious name o	r d/b/a)	#/00.0
Name under which applicant will do busi	iness (fictitious	name, etc.): ,	١.	/
Official mailing address:	1			
Street: \$508 SW 21	Lane	ASSESSMENT AND THE PROPERTY OF	O' faring of the ball of the second	-
P.O. Box:				*****
City: <u>Gainesville</u>		anus talah salah salah salah da kabilah da k		
State: F\	Zip:	32607	,	
Florida address:				
Street: 8508 SW 8	21 Lane			
P.O. Box:				
City: Gainesville				Out out
State: F\	Zip:	32607		. v.
Structure of organization:				
(V) Individual		neposit		DATE
() Corporation		D211#	MAY	03 2002
() General Partnership				
() Limited Partnership				
() Other:				
If incorporated in Florida, provide proof	of authority to	operate in Florida	u : ,	
Florida Secretary of State Corporate Registration Numbe	er: <u>u/a</u>	- All arminos con resilientes en rec		
PSC/CMU-32 (02/99) red by Commission Rule Nos. 25-24.510 & 25-	-24.511			
fame: cmu-32.doc				2

AUS CAF

CMP COM CTR ECR

OPC MMS] SEC

DOCUMENT NUMBER-DATE