TO: Tony McCoy

020610-TC

<del></del>			ORIGINA
1.	Name of company or name of individual (no WOODROW エ ZEITLEN		<b>50</b> 11 11 1
2.	Name under which applicant will do busines	•	•
3.	Official mailing address:		•
	Street: 900 6UZF SHORE DR.	#1026	
	P.O. Box:		The state of the s
	City: <u> </u>		
	State: <u>FレらRIDタ</u>	Zip: <u>325</u> 0	+/
		DEPOSIT	DATE
4.	Florida address: Street: 59ME	D2276	
	P.O. Box:		
	City:		
	State:		
5.	Structure of organization:		
	(X Individual PROPRIETORSHIP		2002 COMI
	( ) Corporation		<b>2 JUN 27</b> DIVISIO
	( ) General Partnership		₩ <u>©</u>
	( ) Limited Partnership		PM 12: 10
	( ) Other:		10
IS <u>6.</u> IF IP IR	If incorporated in Florida, provide proof or	f authority to opera	ate in Florida:
	Florida Secretary of State Corporate Registration Number:		
?			
S			
Requ	PSC/CMU-32 (02/99) ired by Commission Rule Nos. 25-24.510 & 25-24.511 Name: cmu-32.doc		NT NUMBER-DATE
, tite	name. Car Jr. Coc	066	87 JUN 28 22 °

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