2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 24, 2000 8:00 am Secretary of State **DOCUMENT # 327750** 1. Entity Name SIL'S REALTY, INC 02-24-2000 90060 031 ***150.00 Principal Place of Business Mailing Address 119 REEDY CREEK DR 119 REEDY CREEK DR FROSTPROFF FL 33843-9576 FROSTPROFF FL 33843 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1347954 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FAZZINI, YVA Street Address (P.O. Box Number is Not Acceptable) 119 REEDY CREEK DR. FROSTPROFF FL 33843 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS Addition Change Delete TITLE TITLE FAZZINI. YVA NAME NAME 14 Reedy Creek DR. STREET ADDRESS STREET ADDRESS 119 REEDY CREEK DR. CITY-ST-ZIP CITY-ST-ZIP FROSTPROFF FL ☐ Change Addition ☐ Delete TITI F TITLE FAZZINI, YVA NAME NAME STREET ADDRESS STREET ADDRESS 119 REEDY CREEK DR. CITY-ST-ZIP CITY-ST-ZIP FROSTPROFF FL ☐ Addition ☐ Change TITLE Delete TITLE FAZZINI, YVA NAME NAME STREET ADDRESS 119 REEDY CREEK DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FROSTPROFF FL

CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FAZZINI, JOHN P.

LAKE WALES FL

FAZZINI, COLIN A

FROSTPROFF FL

114 REEDY CREEK DR

TD

101 E. STUART AVE.

Delete

☐ Delete

☐ Delete

Change

☐ Change

☐ Change

Addition

Addition

☐ Addition