2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 858500 Mar 06, 2000 8:00 am 1. Entity Name **Secretary of State** TESONE LAND COMPANY 03-06-2000 90119 047 ***158.75 Mailing Address Principal Place of Business P.O. BOX 35 P.O. BOX 35 WILDWOOD RD. WILDWOOD RD. WILDWOOD PA 15091-0035 WILDWOOD PA 15091 ひひひつゴエウオ 3. Mailing Address 2. Principal Place of Business 5374 Wm. Flynn Highway 5374 Wm. Flynn Eighway Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 25-1250050 Gibsonia, Pa. 15044-9650 15044-9650 Not Applicable Gibsonia, Pa. Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 15044-9650 USA 15044-9650 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TESONE, ANTHONY R Street Address (P.O. Box Number is Not Acceptable) 26300 SOUTHERN PINES DRIVE BONITA SPRINGS FL 33923 Zip Code 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE ☐ Delete TITLE TESONE, ANTHONY R NAME NAME 26300 SOUTHERN PINE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPGS FL 33923** ☐ Change Addition XXDelete TITLE TITLE MICHAELS, NANCY T NAME NAME STREET ADDRESS STREET ADDRESS 5374 WM. FLYNN HIGHWAY CITY-ST-ZIP CITY-ST-ZIP GIBSONIA PA ☐ Change ☐ Addition ☐ Delete TITLE TITLE WEAVER, DOUGLAS NAME NAME STREET ADDRESS STREET ADDRESS 5374 WM. FLYNN HIGHWAY CITY-ST-ZIP CITY-ST-ZIP **GIBSONIA PA** Change ☐ Addition VSTD □ Delete TITLE TESONE, JOSEPH V NAME NAME STREET ADDRESS STREET ADDRESS 5374 WM FLYNN HIGHWAY CITY-ST-ZIP CITY-ST-ZIP GIBSONIA PA 15044 ☐ Addition ☐ Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

changed, or on an attachment with an address with all butter like empowered

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

3/2/00

412 1814551