2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L59714 Aug 02, 2000 8:00 am Secretary of State 1. Entity Name JOHN FRAIOLI, INC. 08-02-2000 90150 032 ***150.00 Principal Place of Business Mailing Address 5410 HARBORAGE DR. 5410 HARBORAGE DR. FT. MYERS FL 33912 FT. MYERS FL 33912 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3006626 Not Applicable Ζiρ 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 FRAIOLI, JOHN Street Address (P.O. Box Number is Not Acceptable) 5410 HARBORAGE DR. FT. MYERS FL 33912 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 DATE Signature, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!N. FZE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2080 Min. will be \$750.00 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE TITLE Delete FRAIOLI, JOHN NAME NAME 5410 HARBORAGE DR. STREET ADDRE STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP Addition ☐ Delete TITLE TITLE FRAIOLI, GENEVIEVE NAME NAME 12702 INVERARY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P FORT MYERS FL 33912 [] Change ☐ Addition TITLE ☐ Delete TITLE FRAIOLI, JOSEPH NAME NAME STREET ADDRESS 12702 INVERARY CIRCLE STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME STREET ADDRES ET ADDRESS CITY-ST-ZIP on 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 thental reports tree and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director for trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or su of the corporation

Attachment L59714 B0103940

JOHN FRAIOLI, INC. 5410 Harborage Drive Fort Myers, FL. 33908 941-415-7007

July 20, 2000

Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Dear Ladies & Gentlemen:

Please excuse me for not filing the first 2000 Uniform Business Report. I am sure that my firm did not receive this original form. I called your agency yesterday. I was instructed to file this form, attaching a short letter stating that I did not receive the original corporation notice.

Please check my firm's payment record. I trust that you will accept my enclosed \$150 to renew my corporation.

Thank you for your cooperation in this matter.

Sincerely.

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Sworn to before me this 2 | day of July 2000.

NOTARY PUBLIC: