

FILED
Jun 02, 2002 8:00 am
Secretary of State

04-23-2002 90420 012 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000037039
 1. Entity Name
 CLAUDIO BONESINI, INC.

Principal Place of Business Mailing Address
 331 S. NORTHLAKE BLVD. #1108 331 S. NORTHLAKE BLVD. #1108
 ORLANDO FL 32701 ORLANDO FL 32701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 520 Club Dr. SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Winter Springs, FL
 Zip Country Zip Country
 32708

4. FEI Number Applied For
 59-3714579 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BONESINI, LAUREN H
 331 S. NORTHLAKE BLVD. #1108
 ORLANDO FL 32701

7. Name and Address of New Registered Agent
 Name: Lauren H. Bonesini
 Street Address (P.O. Box Number is Not Acceptable): 520 CLUB DRIVE
 City: WINTER SPRINGS FL Zip Code: 32708

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: *Lauren H. Bonesini* DATE: 5/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONESINI, CLAUDIO 331 S. NORTHLAKE BLVD. #1108 ORLANDO FL 32701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BONESINI, LAUREN H 331 S. NORTHLAKE BLVD. #1108 ORLANDO FL 32701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby 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.

SIGNATURE: *Lauren H. Bonesini* Date: APR. 12, 02 Daytime Phone #: (407) 327-0581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)