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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILE! P02000039760 DOCUMENT # P02000039760 1. Entity Name 03 AUG 20 AM 8:38 FAMILY PLUS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7812 FLORAL DRIVE 7812 FLORAL DRIVE SPRING HILL FL 34607 SPRING HILL FL 34607 Mailing Address
7818 Horel Dr. Suite, Act. #, etc Suite, Act. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4 FELNumber Applied For 33-0000 B3 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Hernando Fee Required 6...Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMPINO, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 7812 FLORAL DRIVE SPRING HILL FL 34607 City 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. I am familiar with, and accept the obligations of registered agen SIGNATURE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete RAMPINO, MICHAEL S NAME NAME 7812 FLORAL DRIVE STREET ADDRESS STREET ADDRESS SPRING HILL FL 34607 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MILLS, RICHARD P STREET ADORESS **7828 FLORAL DRIVE** STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34607 CITY-ST-ZIP Delete -Change TITLE TITLE ☐ Addition KEGTER JOHN H NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STOWN THE THE CHY-ST-ZIP MILE Delete TITLE ☐ Change Addition VITALE, DANTE NAME STREET ADDRESS 123 PRESIDENT STREET STREET ADDRESS BROOKLYN NY 11231 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME PASTORE, JOSEPH STREET ADDRESS 9124 GALLUP CIRCLE STREET ADDRESS SPRING HILL FL 34608 CITY-ST-ZIP CITY - ST- 7IP ☐ Chance TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.