2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am DOCUMENT # P97000057846 **Secretary of State** DEGIORGIO CARPENTRY INC. 01-26-2001 90017 015 ***150.00 Principal Place of Business Mailing Address 10907 MEADOWLARK COVE DR. 10907 MEADOWLARK COVE DR. 303330 FT. MYERS FL 33908 FT. MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0766326 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent DEGIORGIO, LISA G Street Address (P.O. Box Number is Not Acceptable) 10907 MEADOWLARK COVE DR. FT. MYERS FL 33908 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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 11. OFFICERS AND DIRECTORS 12. ☐ Change TITLE ☐ Defete TITLE NAME DEGIORGIO, LISA G NAME meadowlerk Cove Dr. STREET ADDRESS STREET ADDRESS 10907 MEADOWLARK COVE DR CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33908 ☐ Addition TITI E Delete TITLE NAME NAME DEGIORGIO, JOHN STREET ADDRESS STREET ADDRESS 10907 MEADOWLARK COVE DR CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33908 Change - Addition TITLE TITI E NAME NAME RAGONESE, ANTHONY R STREET ADDRESS STREET ADDRESS 10943 MEADOWLARK COVE DRIVE CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33908 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. GNING OFFICER OR DIRECTOR