FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90502 026 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 98 0000 29613

1. Entity Name

2450 Wilton Corp. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3438 N. Ocean Bl.	P.O. Box 5358
Suite, Apt. #, etc.: Galt Ocean Mile	Suite, Apt. #, etc.:
City & State: Fort Lauderdale, FL	City & State: Lake Worth, FL
Zip: 33308 Country: U.S.A.	Zip: 33466 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0855161 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Carl S. Marzola

Street Address (P.O. Box Number is Not Acceptable): 3438 N. Ocean Bl.

City: Fort Lauderdale FL Zip Code: 33308

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 _____ DATE

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	CD PT
NAME	Carl S. Marzola
STREET ADDRESS	3438 N. Ocean Blvd.
CITY-ST-ZIP	Fort Lauderdale, FL. 33308
TITLE	D VP S
NAME	Evan Anthony
STREET ADDRESS	729 W Las Olas Bl.
CITY-ST-ZIP	Ft Lauderdale, FL. 33312
TITLE	AT
NAME	Andree M. Bogues
STREET ADDRESS	P.O. Box 5358
CITY-ST-ZIP	Lake Worth, FL. 33466
TITLE	
NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carl Marzola CARL S. MARZOLA PRESIDENT 4/29/02 954-564-8882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #