2001 UNIFORM BUSINESS REPORT (UBR) Mar 09, 2001 8:00 am DOCUMENT # P98000042709 **Secretary of State** REPETTI ENTERPRISES, INC. 03-09-2001 90500 018 ***150.00 Principal Place of Business Mailing Address 2121 STEEPLECHASE LANE 2121 STEEPLECHASE LANE PALM HARBOR FL 34684 PALM HARBOR FL 34684 00023883 2. Principal Place of Business 3 11 Stepple chase Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Pam Harbor Applied For 4. FEI Number 65-0835183 Not Applicable Pine ᡷᢆᡀᢐᡎ \$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 Name REPETTI, GARY J 2121 STEEPLECHASE LANE seple chase PALM HARBOR FL 34684 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) 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. CR2E034 (10/00) TITLE **PSTD** ☐ Delete REPETTI, GARY J NAME 211 Steeple chase Lane STREET ADDRESS STREET ADDRESS 2121 STEEPLECHASE LANE Palm Harbor, 7L 34684 CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 secretary /Treasurer TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS Polin Harbor, 4L 34684 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change Addition - 🔲 . Deleta -NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFIGE

3/7/0

7277718424

Daytime Phone #