2000 UNIFORM BUSINESS REPORT (UBR) May 04, 2000 8:00 am Secretary of State DOCUMENT # **V44190** 1. Entity Name MATTALIANO CONSTRUCTION, INC. 05-04-2000 90152 030 ***158.75 Mailing Address Principal Place of Business 1128 ROYAL PALM BEACH 1128 ROYAL PALM BEACH SUITE 269 SHITE 269 ROYAL PALM BEACH FL 33411-1607 ROYAL PALM BEACH FL 33411 US 3. Mailing Address 2. Principal Place of Business 12230 forest 12230 Forest DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0619121 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MATTALIANO, DEBBIE Street Address (P.O. Box Number is Not Acceptable) 905 CLYDESDALE DRIVE LOXAHATCHEE FL 33470 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change ■ Addition TITI F ☐ Delete TITLE MATTALIANO, DEBRA A. NAME NAME STREET ADDRESS 1128 ROYAL PALM BEACH BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BCH FL 33411 ☐ Change ☐ Addition TITLE Delete TITLE MATTALIANO, PAUL D. NAME NAME 1128 ROYAL PALM BEACH STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ROYAL PALM BCH FL 33411 ☐ Change ■ Addition TITLE Delete TITLE NAME 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 ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF