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2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # 249960 1. Fintity Name E.M. NETTO CONSTRUCTION, INC. 04-23-2001 90206 021 ***150.00 Principal Place of Business Mailing Address 1446 WYN COVE DR. 1446 WYN COVE DR. VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0937302 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 EDWARD NETTO Street Address (P.O. Box Number is Not Acceptable) 1446 WYN COVE DR. VERO BCH, FL VERO BCH FL 32963 Zip Code 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) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete NAME **EDWARD NETTO** NAME STREET ADDRESS STREET ADDRESS 1446 WYN COVE DR. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME O'NEIL, EUGENE NAME STREET ADDRESS STREET ADDRESS 979 BEACHLAND BLVD. CÎTY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME NETTO, EDWARD STREET ADDRESS STREET ADDRESS 1446 WYN COVE DRIVE CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32963 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ■ Addition 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

President