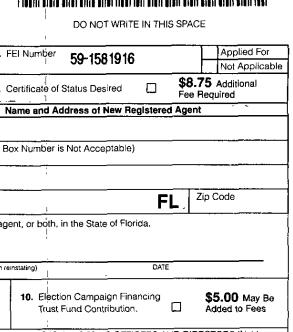
## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 465618 D. L. SCOTTO & CO., INC. Principal Place of Business Mailing Address 1110 N 2ND ST 1110 N 2ND ST PO BOX 1017 PO BOX 1017 FT PIERCE FL 34954 FT PIERCE FL 34954-1017 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 59-1581916 Zip Country Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCOTTO, DOMINICK A Street Address (P.O. Box Number is Not Acceptable) 1110 NORTH SECOND ST. FT. PIERCE FLORIDA 34950 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) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Delete TITLE SCOTTO, ANTHONY M NAME NAME STREET ADDRESS 1110 N 2ND ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT PIERCE, FL 00000 ☐ Delete TITLE SCOTTO, JOHN A NAME NAME 1110 N 2ND ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP FT PIERCE, FL 00000 CITY-ST-ZIP ☐ Delete TITLE TITLE

## May 12, 2000 8:00 am Secretary of State

05-12-2000 90034 033 \*\*\*150.00



☐ Addition Change Change ☐ Addition SCOTTO, DOMINICK A NAME NAME 1110 N 2ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT PIERCE, FL 00000 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE SCOTTO, JOSEPH G NAME NAME 1110 N 2ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT PIERCE, FL 00000 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE POHL, ALAN R NAME NAME STREET ADDRESS 1110 N 2ND ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT PIERCE, FL 00000 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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. changed, or on an attachy

SIGNATURE:

☐ Addition