## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # 579341** DEMAIO & SONS, INC. 04-11-2001 90097 022 \*\*\*150.00 Principal Place of Business Mailing Address 124 BOOTH AVE 214 A HOWARD DR. CLEARWATER FL 33755 BELLEAIR BEACH FL 33786 UUU34373 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE GHST N.W City & State City & State 4. FEI Number Applied For 59-1837514 LARGO Not Applicable -<sub>Zip</sub> 33720 Country USA Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEMAIO CHRISTOPHER J. Street Address (P.O. Box Number is Not Acceptable) 214 A HOWARD AVE. BELLEAIR BEACH, FL. CLEARWATER FL 33786 City Zip Code 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's gnature 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (10/00)3111.6 ☐ Delete Addition NAM<sup>2</sup> DEMAIO, CHRISTOPHER J. NAME STREET ADDRESS. 214 A HOWARD DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BELLEAIR BEACH FL 33786 TITLE STD ☐ Dalete TITLE ☐ Addition NAME DEMAIO, CHRISTOPHER J.JR NAME STREET ADDRESS STREET ADDRESS 214 A HOWARD DRIVE CITY - ST - ZIE CITY-ST-ZIP BELLEAIR BEACH FL 33786 111113 ☐ Delete THEE ☐ Change Addition NAME DEMAIO, MICHAEL A. NAME STREET ADDRESS 1654 ST PAULS DR STREET ADORESS CITY-ST-7I8 CITY-ST-ZIP CLEARWATER FL 33764 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY S'-ZE CITY-SI-ZIP THUS ☐ Delete TITLE ☐ Change Addition MAMS NAME STREET ADDRESS STREET ADDRESS C:1Y=ST=7IP CITY-ST-ZP TITLE Delete TITLE [7] Change Add for NAME NAME STREET ADDRESS STREET ADDRESS CITY ST. 7(P CHIY-ST ZiP 13. Thereby 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, for Block 12, for Block 12, for Block 13, or Block 13, o changed, or on an attachment with an address, with all other like empowered SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR