FILED

Al Mautino 3/4/02 772-463-1375

## 2002 UNIFORM BUSINESS REPORT (UBR)

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

## Mar 18, 2002 8:00 am Secretary of State **DOCUMENT #** 615058 1. Entity Name 03-18-2002 90042 040 \*\*\*150 00 MAUTINO & NEILS REALTY, INC. Principal Place of Business Mailing Address 13 COLTON ROAD 13 COLTON ROAD EAST LYME CT 06333 EAST LYME CT 06333 ST LUCIE BLID ST LUCIE BI P 2055 SE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For タナルARI 59-2036324 Not Applicable \$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 KULLMAN, JARED Street Address (P.O. Box Number is Not Acceptable) 1910 S. STATE ROAD 7 MIRAMAR FL 33023 Zip Code 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, typed or printed name of registered agent and title if applicable DATE (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 After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01)TITLE TITLE **PST** ☐ Delete 2055 JE ST RUCIE BLVD NAME NAME MAUTINO, AL STREET ADDRESS STREET ADDRESS 57 JERICHO ROAD CITY-ST-ZIP OLD LYME CT CITY-ST-ZIP Addition TITLE ☐ Delete 2055 SE ST. LUCIE BLUD AL MAUTINO MAUTINO, AL STREET ADDRESS STREET ADDRESS 57 JERICHO RD FL 34996 CITY-ST-7IP-CITY-ST-ZIP OLD LYME CT ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS ÇITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITI F TITLE 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