

FOI0000002171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

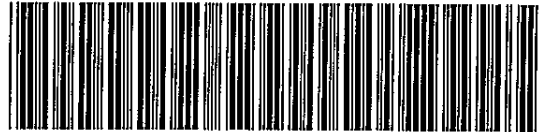
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03 OCT 13 PM 2:55
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FANELLI and MASON of SARASOTA, INC.
(Name of Corporation)

DOCUMENT NUMBER: FO1000002171

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY FANELLI
(Name of Person)

WINDOW Pros
(Name of Firm/Company)

1024 LOCUST GAP HIGHWAY
(Address)

MT. CARMEL, Pa. 17851
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Mason at (704) 842-2009
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
PENNSYLVANIA in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: FANELLI AND MASON OF SARASOTA, INC.
2. The principal office address: 6324 15th ST. EAST
SARASOTA, FL. 34243
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/01 Document number: F01000002171

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

FRED FANELLI SR.
5530 TRAIL WINDS DR #475
FT. MYERS, FL. 33097

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

CALVIN GRAY
4859 OAK POINT WAY
(P.O. Box or personal mailbox NOT acceptable)
SARASOTA, FL 34233

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

X M. D. R. M.
(Signature of an officer, chairman or vice chairman of the board)

Michael Mason
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.

X [Signature]
(Signature of Registered Agent)

10-3-03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

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03 OCT 13 PM 2
TALLAHASSEE, FL