2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Aug 06, 2002 8:00 am Secretary of State DOCUMENT # F01000003401 1. Entity Name 08-06-2002 90277 020 ***550.00 ROTONDO WEIRICH ENTERPRISES, INC. Principal Place of Business Mailing Address **681 HARLEYSVILLE PIKE 681 HARLEYSVILLE PIKE** LEDERACH PA 19450 LEDERACH PA 19450 2. Principal Place of Business 3. Mailing Address P.O. Box 429 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-2846932 Lederach, PA Not Applicable Zip Zip Country **\$8.75**. Additional 5. Certificate of Status Desired 1.9450 U.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (4/02) TITLE TITLE ☐ Addition ☐ Delete WEIRICH, STEVEN J NAME NAME STREET ADDRESS **681 HARLEYSVILLE PIKE** STREET ADDRESS CITY-ST-ZIP LEDERACH PA 19450 CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE SVD NAME ROTONDO, MARIO NAME STREET ADDRESS 1648 LOVES POINT DRIVE STREET ADDRESS 7411 Vista Way Apt 205 Bradenton, FL 34202 CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY.- ST-ZIP 13. ! 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 eport 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

Date

Daytime Phone #

FILED