FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am **Secretary of State** DOCUMENT # F50991 1. Entity Name 02-20-2002 90065 045 ***158.75 GAZOLIO INC. Principal Place of Business Mailing Address' 1040 S. FEDERAL HWY. 1040 S. FEDERAL HWY. **DANIA. FL 33004** DANIA FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2134286 Not Applicable Zip Country --Zio-----Country \$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 Name GLARENTZOS, JOHN Street Address (P.O. Box Number is Not Acceptable) 942 N. LAKE DR. HOLLYWOOD FL 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 signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 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 May 1, 2002 Fee will be \$550.00 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. TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME GLARENTZOS, JOHN NAME 932 N. LAKE DR. STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **GLARENTZOS, STAMA TIKE** NAME 932 N. LAKE DR. STREET ADDRESS STREET ADDRESS HOLLYWOOD FL .. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition n GLARENTZOS, JANE STREET ADDRESS 932 N. LAKE DR. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition JACOBS, JOSEPH M NAME NAME STREET ADDRESS 274 SLEEPY HOLLOW RD. STREET ADDRESS CITY-ST-ZIP PITTSBURGH PA 15225 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

1 SIGNATURE:

changed; or on an attachment with an address, with all other like erprowered

Daytime Phone #