2003 FOR PROFIT CORPORATION

Apr 24, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) G14521 **DOCUMENT #** 1. Entity Name 04-24-2003 90278 013 ***150.00 HE MSW, INC THOMAS P. DILORETO Principal Place of Business Mailing Address 1409 KINGSLEY AVE. C-9 1409 KINGSLEY AVE. C-9 11013935 POB 1557 POB 1557 ORANGE PARK FL 32067-1557 ORANGE PARK FL 32067-1557 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2248460 Not Applicable Zip Country Zip 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 DiLoreto DILORENTO, THOMAS P Street:Address (P.O.:Box Number is Not Acceptable) 1409 KINGSLEY AVENUE #9C ORANGE PK FL 32073 City Zip Code 81 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition DILORETO, THOMAS P NAME NAME STREET ADDRESS 1409 KINGLSEY AVE., 9-C STREET ADDRESS ORANGE PK, FL 00000 CITY-ST-ZIP CITY-ST-ZIP TITLE 5 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

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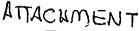
CITY-ST-ZIP

☐ Delete

13/03 904.264.3014

Change

☐ Addition





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 17, 2003

THOMAS P. DILORETO, MSW, INC. 1409 KINGSLEY AVE. C-9 POB 1557 ORANGE PARK, FL 32067-1557

SUBJECT: THOMAS P. DILORETO, MSW, INC. Ref. Number: G14521 / 1/0/3935

We have received your document for THOMAS P. DILORETO, MSW, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 903A00023175

Dear ladies & Gentlemen:

I have corrected the document as requesters

to seal thomas P. D: LORE to, MSW, FNC.

The Concertion in #6 was of a spelling enor in

My last name only.