FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 23, 2001 8:00 am Secretary of State DOCUMENT # **G81**,987 THE A.G. MAURO COMPANY OF FLORIDA, INC. 01-23-2001 90020 041 ***150.00 Principal Place of Business Mailing Address 1105 SAND POND ROAD 1105 SAND POND ROAD LAKE MARY FL 32746 LAKE MARY FL 32746 vocdua 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2346564 Not Applicable Zip Country Zin 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 ---MILES, RICHARD P. Street Address (P.O. Box Number is Not Acceptable) 1105 SAND POND ROAD LAKE MARY FL 32746 Zip Code City FI 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. (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ΠP ☐ Delete TITLE D Change : ☐ Addition TITLE NAME MILES, RICHARD C NAME STREET ADDRESS STREET ADDRESS 1105 SAND POND ROAD CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL D DC ☐ Delete TITLE Change ☐ Addition TITLE MAURO, RAYMOND J. NAME NAME STREET ADDRESS STREET ADDRESS 1105 SAND POND ROAD CITY-ST-7IP CITY-ST-ZIP LAKE MARY_FL ST Change ☐ Addition TITLE ☐ Delete TITLE MILES. RICHARD P. NAME NAME STREET ADDRESS STREET ADDRESS 1105 SAND POND ROAD CITY-ST-ZIP LAKE MARY FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAURO, RAYMOND A. NAME STREET ADDRESS STREET ADDRESS 1105 SAND POND ROAD CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-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 changed, or on an attachment with an address, with all other like expowered.

Richard PM.les

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DE