2000 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2000 8:00 am Secretary of State **DOCUMENT # H44449** 1. Entity Name SIGNORELLI DEVELOPMENT AND INVESTMENT GROUP. INC 04-28-2000 90094 048 ***158.75 Principal Place of Business Mailing Address 9181 85TH AVE NORTH 9181 85TH AVE NORTH SEMINOLE FL 33777-2816 SEMINOLE FL 33777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2639320 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIGNORELLI, PATRICK C. Street Address (P.O. Box Number is Not Acceptable) 9181 85TH AVE. N. SEMINOLE FL 33777 Zip Code FL 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, 2000 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 OFFICERS AND DIRECTORS 12. 11. Addition PD ☐ Change TITLE 🕹 ☐ Delete SIGNORELLI, PATRICK C. NAME NAME STREET ADDRESS STREET ADDRESS 9181 85TH AVE NORTH CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL ☐ Change Addition ☐ Delete TITLE TITLE SIGNORELLI, LOUISE H. NAME NAME STREET ADDRESS STREET ADDRESS 9181 85TH AVE NORTH CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE SIGNORELLI, LOUISE H. NAME NAME STREET ADDRESS STREET ADDRESS 9181 85TH AVE NORTH CITY-ST-7IP CITY-ST-ZIP SEMINOLE FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

SIGNATURE: SIGNATURE: Date OF PROPERTY OF

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does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

I hereby certify that the info

indicated on this report or si

of the corporation or the rece changed, or on an attachmer

nation supplied with this filir

lemental report is true a

or trustee empowere

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