2001 UNIFORM BUSINESS REPORT (UBR) **FILED** May 21, 2002 8:00 am Secretary of State DOCUMENT # N239711 1. Entity Name 05-21-2002 91217 010 ****61.25 5615 Algonquin Place 5615 Algonquin Place Micco, Florida 32976 Micco, Florida 32976 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable 59-2977602 \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Victoria Dorado</u> Paul Palestrini Street Address (P.O.-Box Number is Not Acceptable) c/o Camco Services 5135 U.S. Hwy #1 <u> 2716 Whistler Street</u> Vero Beach, Florida 32967 ^{Zip}ናንቴስ4 ^C₩. Melbourne 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. Victoria Dorado SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable O 9. Election Campaign Financing \$5.00 May Be Make Check Payable to . FILE NOW: - Trust.Fund:Contribution Department of State Added to Fees FEE IS \$61:25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Addition Change ☐ Delete TITLE TITLE Pres. NAME NAME Rita Legere STREET ADDRESS STREET ADDRESS 5615 Algonquin Place CITY-ST-ZIP CITY-ST-ZIP Micco, Florida 32976 Change Addition ☐ Delete TITLE TITLE VP NAME NAME Frank Cook STREET ADDRESS STREET ADDRESS 7630 Agawam Road CITY-ST-ZIP CITY-ST-ZIP Micco, Florida 32976 Change ☐ Addition TITLE Tres. Delete NAME Maureen Nichols STREET ADDRESS STREET ADDRESS 7645 Blackhawk Road CITY-ST-ZIP CITY-ST-ZIP Micco, Florida 32976 ☐ Addition Change X Delete TITLE T/T) F Secretary NAME NAME Dorothy Debenedictis STREET ADDRESS STREET ADDRESS 7655 Blackhawk Road CITY-ST-ZIP CITY-ST-ZIP Micco, Florida 32976 ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<u>Rita Legere</u>

<u> 561–664–2313</u>