FILED

2002 Uniform Business Report (UBR)

Apr 17, 2002 8:00 am Secretary of State P00000086936 DOCUMENT # 1. Entity Name 04-17-2002 90142 018 ***150.00 JOSEPH R. MAZZOLA, INC. Principal Place of Business Mailing Address 937 DUPONT STREET, N.E. 937 DUPONT STREET, N.E. PALM BAY FL 32907 PALM BAY FL 32907 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 59-3671619 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 Name MAZZOLA, JOSEPH R Street Address (P.O. Box Number is Not Acceptable) 937 DUPONT STREET, N.E. PALM BAY FL 32907 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE Change CR2E034 (9/01 MAZZOLA, JOSEPH R NAME NAME 937 DUPONT STREET, N.E. STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition ESSERT, RICHARD 261 COMER AVE PALM BAY FL 32909 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DEMKO, ADAM NAME STREET ADDRESS 949 CANADA ST STREET ADDRESS CITY-ST-ZIF PALM BAY FL 32905 CITY-ST-ZIP Mike Bumper DVP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME SZO PAIM SPRINGS BIVID STREET ADDRESS STREET ADDRESS 937 CITY-ST-ZIF CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME mit, or ittal STREET ADDRESS. STREET ADDRESS :CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with a

SIGNA' ME OF SIGNING OFFICER OR DIRECTOR

ke empowered.

Attachment # P00000086986

Mike Bumper
520 PAIM Strings BIND
APT-7-11
Indian Harbouk BCH
F.L. 32937

E. Li