2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 15, 2002 8:00 am Secretary of State DOCUMENT # P00000100829 1. Entity Name 02-15-2002 90009 021 ***150.00 CEM & GERMANO, INC. Principal Place of Business Mailing Address 7722 UNIVERSITY BLVD. 7722 UNIVERSITY BLVD. WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ci≽y & State City & State 4. FEI Number Applied For 59-3677733 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 MASCIO, GERMANO J Street Address (P.O. Box Number is Not Acceptable) 621 LAKE HAVEN CIRCLE ORLANDO FL 32828 Zip Code 8. The above named entity submits statement for the ourpose 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPT ☐ Delete TITLE Change ☐ Addition SAYEK, CEM NAME NAME STREET ADDRESS 3279 PICKWICK DR STREET ADDRESS CITY-ST-7IP ORLANDO FL 32817 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DVS NAME MASCIO, GERMANO J NAME STREET ADDRESS 621 LAKE HAVEN CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32828 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 📜 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. Delete TITLE Change Addition ŇAMÈ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-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 empowered.

SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #