AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG 23 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/29/02--01046--018
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000057207

1. Entity Name
Roman Fedo, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4065 South Military Trail
Suite, Apt. #, etc.
City & State: Lake Worth, Florida
Zip: 33463 Country: USA

3. Mailing Address
4065 South Military Trail
Suite, Apt. #, etc.
City & State: Lake Worth, Florida
Zip: 33463 Country: USA

4. FEI Number: 651114426 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: R. Scott Buist
Street Address (P.O. Box Number is Not Acceptable): 745 U.S. Highway One, Suite 102
City: North Palm Beach FL Zip Code: 33408

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Director/President/Treasurer
NAME	Roman Walter Fedo
STREET ADDRESS	16947 Adonaire Lane
CITY-ST-ZIP	Wellington, Florida
TITLE	Director, Vice President/Secretary
NAME	Anthony Sam Lazzara
STREET ADDRESS	601 South Seas Drive, Unit 202
CITY-ST-ZIP	Jupiter, Florida 33477
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ Roman Walter Fedo 8/20/02 561-801-0410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)

yf 8/23/02