FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 20, 2002 8:00 am Secretary of State DOCUMENT # P01000060283 1. Entity Name 05-20-2002 90037 012 ***150.00 BARBARA W. CORDELLO, P.A. Principal Place of Business Mailing Address 1421 VIKING COURT 1421 VIKING COURT 429409 CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Busines 3. Mailing Address Sellstat DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 45-1115598 Not Applicable 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 SPIEGEL & UTRERA, P.A. 343 ALMÈRIA AVENUE **CORAL GABLES FL 33134** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE 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. 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 ☐ Defete CR2E034 (9/01) TITLE ☐ Change ☐ Addition CORDELLO, BARBARA W NAME 1421 VIKING COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP Prosident TITLE ☐ Delete TITLE ☐ Change Addition Douglas J. Cordello NAME Douglas J. Cordello 12 SW 25 Street STREET ADDRESS 2922 SW 25 Street STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FL 33914 ADE COLAL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime

SIGNATURE: