2003 FOR PROFIT CORPORATION

## FILED May 02, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P01000104972 DOCUMENT # 1. Entity Name 05-02-2003 90214 002 \*\*\*150.00 PILATO, INC. Principal Place of Business Mailing Address 301 NW 40 TERRACE 301 NW 40 TERRACE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 630 BRIAR WOOD LANE 3. Mailing Address 630 BRIARWOOD LANE CHECK HERE IF MAKING CHANGES City & State DEERFIELD BCH. F-L City & State Applied For 4. FEI Number DEERFILLO BCH. 65-1149024 Not Applicable \$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 MCGONIGLE, JACQUELINE Street Address (P.O. Box Number is Not Acceptable) **6221 BANYAN TERRACE** PLANTATION FL 33317 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE! ☐ Delete TITLE ☐ Addition PILATO, JAMY NAME NAME 630 BRIARWOODLANE DERFIELD BEH. F-L. 33442 301 NW 40 TERRACE STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33442** CITY-ST-ZIP CITY-ST-7IP effange TITLE Delete TITLE NAME PILATO, SALVATOR NAME 630 BRIARWOOD LANE DEERFIELD BCH, FL. 33442 STREET ADDRESS STREET ADDRESS 301 NW 40 TERRACE CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 607, 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

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

☐ Change

Addition