FILED

03 MAY 12 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000009013

1. Entity Name
FIORANO, INC.

Principal Place of Business	Mailing Address
3000 ROYAL MARCO WAY PH1 MARCO ISLAND, FL 34145	3000 ROYAL MARCO WAY PH1 MARCO ISLAND, FL 34145

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 309
City & State	City & State BONITA SPRINGS FL
Zip / Country	Zip 34135 / Country USA.

4. FEI Number: 52-2370736 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD 43RD FL MIAMI, FL 33131	Name: NORMA BRENNE VINCENT, ESQ Street Address (P.O. Box Number is Not Acceptable): 27200 RIVERVIEW CTR BLVD SUITE 309 City: BONITA SPRINGS FL Zip Code: 34135

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: Norma Brenne Vincent 4/30/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!! - FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STAUBITZ, GERD D 3000 ROYAL MARCO WAY PH1 MARCO ISLAND, FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ADMINISTRATION NORMA BRENNE VINCENT 5941 ALHADEN DR NAPLES FL 34119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400019085384 05/15/03--01058--006 **150.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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.

SIGNATURE: Norma Brenne Vincent NORMA B. VINCENT 4/30/03 239.390.1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #