2003 FOR PROFIT CORPORATION

Mar 19, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBI** P02000097342 DOCUMENT # 1. Entity Name 03-19-2003 90110 028 ***158.75 RONALD PETRILLO, INC. Principal Place of Business Mailing Address 6801 NW 6TH STREET 6801 NW 6TH STREET PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business Mailing Address 303 LAKE <u>303 LAK</u>E Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For AKE. *īstolu* KE. MOLST 51-0425147 Country Not Applicable Zip Country \$8.75 Additional HEN 5. Certificate of Status Desired 3<u>34</u>60 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>tona</u> PETRILLO, RONALD Street Address (P.Q. Box Number is Not Acceptable) 6801 NW 6TH STREET PLANTATION FL 33317 City 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 (NOTE: Registered Agent signature required when reinstating) DATE R. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE D. P Change Addition NAME PETRILLO, RONALD NAME STREET ADDRESS 6801 NW 6TH STREET STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME ANNA MARILE E. NAME STREET ADDRESS STREET ADDRESS 303 LAKEAU CITY-ST-ZIP CITY-ST-ZIP TITLE :Delete TITLE Change --- Addition-NAME NAME STREET ADDRESS STREET ADDRESS The second of the second of the second 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 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 12. Thereby 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

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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