

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91150 035 \*\*\*150.00

**DOCUMENT #** P92000014708 ✓

**1. Entity Name**  
CRISCIONE REALTY OF FLORIDA, INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 18 MIDDLEBURY LANE Suite, Apt. #, etc.	<b>3. Mailing Address</b> 18 MIDDLEBURY LANE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> BEVERLY, MA	<b>City &amp; State</b> BEVERLY, MA	<b>4. FEI Number</b> 04-3175815	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 01915	<b>Country</b> U.S.	<b>Zip</b> 01915	<b>Country</b> U.S.

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
C T CORPORATION SYSTEM  
**Street Address (P.O. Box Number is Not Acceptable)**  
1200 S PINE ISLAND ROAD  
**City**  
PLANTATION **FL** **Zip Code**  
33324

**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**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	P CRISCIONE, PAUL 18 MIDDLEBURY LANE BEVERLY, MA 01915	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D CRISCIONE, DAVID 30 OAKMONT DRIVE PALMOUTH, ME 04105	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D CRISCIONE, STEVEN 829 READING CIRCLE RALEIGH, NC 27615	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D VIERAITIS, DONNA 531 HOWTHORNE COURT LOS ALTOS, CA 94024	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D CRISCIONE, CARA 3802 WOODBRIDGE ROAD PEABODY, MA 01960	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

**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:** ✓ Paul Criscione  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

✓ 04 30 02 ✓ 478 421 1625  
**Date Daytime Phone #**