2001	UNIFORM BUS	INESS REPO	RT (UBI	R) FILED			
1. Entity Nam	MENT # P93000 ie in	0000002		Apr 18, 2001 08:00 A Secretary of State	M		
Principal Plac		Mailing Address P.O. BOX 2900					
PORT CHARL 33952	OTTE FL US	PORT CHARLOTTE 33949	FL				
2. Principal Place of Business 102 SE COLONIAL STREET		3. Mailing Address 102 SE COLONIAL STREET					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
City & State PORT CHARLOTTE FL		City & State PORT CHARLOTTE FL		4. FEI Number 65-0379534	Applied For		
Zip 33952	Country us	Zip 33952	Country us	5. Certificate of Status Desired \$8.7	5 Additional tequired		
	6. Name and Address of Current	t Registered Agent	Name	7. Name and Address of New Registered Agent			
GUARRACINO PASQUALE 102 SE COLONIAL ST.				ddress (P.O. Box Number is Not Acceptable)	<u></u> -		
PORT CHARLOTTE FL 33952 US			City	——————————————————————————————————————	p Code		
C. The chave				r registered agent, or both, in the State of Florida.	- Code		
Tax filing r	Signature, typed or printed name of registered agent prattion is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	v, 2, 2 a=c	!! FEE IS \$150. 01 Fee will be \$!	550.00 Trust Final Coatribution	\$5.00 May Be Added to Fees		
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC GUARRACINO LYDIA 102 SE COLONIAL ST PORT CHARLOTTE	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC GUARRACINO LYDIA 102 SE COLONIAL ST PORT CHARLOTTE FL 33952	34 (11/		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GUARRACINO PASQUALE 102 SE COLONIAL ST PORT CHARLOTTE	☐ Delefe ,	TITLE NAME STREET ADDRESS CITY-ST-ZIP		hange ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		hange		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		hange		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		hange Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		hange		
of the cor		is true and accurate and that no cowered to execute this report	ny signature shall n as required by Cha	ted in Section 119.07(3)(i), Florida Statutes. I further certify the lave the same legal effect as if made under oath; that I am an apter 607, Florida Statutes; and that my name appears in Bloc			

PT

04/18/2001 Date

Daytime Phone #

SIGNATURE: Pasquale Guarracino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR