2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000037710 May 16, 2000 8:00 am 1. Entity Name Secretary of State RUGGIERO ENTERPRISES, INC. 05-16-2000 90059 049 ***150.00 Principal Place of Business Mailing Address 5206 17TH AVENUE WEST 5513 MANATEE AVE., W BRADENTON FL 34209-5004 **BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0421311 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUGGIERO, RUSSELL E Street Address (P.O. Box Number is Not Acceptable) 5205 17TH AVENUE WEST **BRADENTON FL 34209** 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 Fiorida. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 ☐ Change Addition ☐ Delete TITLE TITLE RUGGIERO, RUSSELL E NAME NAME STREET ADDRESS 5206 17TH AVENUE WEST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE RUGGIERO, FRED F STREET ADDRESS 5206 17TH AVENUE WEST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34209** ☐ Change ☐ Addition ☐ Delete TITLE RUGGIERO, ISABEL A NAME STREET ADDRESS 5206 17TH AVENUE WEST STREET ADDRESS CITY-ST-ZIF **BRADENTON FL 34209** CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE

ATURE AND TYPED OR PRINTED PANE OF SIGNING OFFICER OR DIRECTO

4 -28 -2006 Date (941)794-1102

CR2E034 (9/99)

Daytime Phone #