2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 14, 2001 8:00 am Secretary of State DOCUMENT # P9400033852 1. Entity Name SALVICO, INC. 04-14-2001 90007 023 ***150.00 Mailing Address Principal Place of Business 12750 COMMONWEALTH DR. 12750 COMMONWEALTH DR. FORT MYERS FL 33913 FORT MYERS FL 33913 HS 2. Principal Place of Business 2129 Anarea DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0497070 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agen CORRENTI, ANTHONY D SR. Street Address (P.O. Box Number is Not Acceptable) 12750 COMMONWEALTH DR FORT MYERS FL 33913 8. The above named entity submits this statement for the purpose of changing its registered office or registered 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, 2001 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 OFFICERS AND DIRECTORS 12. 11. **Change** ☐ Addition ☐ Delete TITLE TITLE CORRENTI, ANTHONY D SR NAME NAME 2129 Andrea Lane 12750 COMMONWEALTH DR. STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33913 ☐ Addition ☐ Delete TITLE CORRENTI, GRAZYNA U NAME NAME STREET ADDRESS 12750 COMMONWEALTH DR. STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33913 CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 all other like empowered.

CITY-ST-ZIP

SIGNATURE:

ATTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-768-9588

Daytime Phone #