2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 20, 2000 8:00 am Secretary of State DOCUMENT # **P9400052038** JACOVIELLO CUSTOM BUILDERS, INC. 01-20-2000 90204 024 ***150.00 据设置的(C) (C) 为证 Principal Place of Business Mailing Address 351 S US ONE 351 SW US ONE SUITE 105 SUITE 105 00007327 JUPITER FL 33477-5978 JUPITER FL 33477 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 351 S. VS Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE.105 ONE Applied For City & State City & State 4. FEI Number 65-0510531 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACOVIELLO, VINCENT 143 SAND PINE DR JUPITER FL 33477 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 and elects to do so. 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 JACOVIELLO, VINCENT JACONVIELLO, VINCENT MAME NAME 2408 BAY VILLAGE COURT PALM BEACH GARDENS, FL STREET ADDRESS STREET ADDRÉSS 143 SAND PINE DR CITY-ST-ZIP CITY-ST-ZIP JUPITER FL Change ☐ Addition TITLE ☐ Delete TITLE JACOVIELLO, DIANA NAME 2408 BAY VILLAGE COURT PAUM BENCH GARDENS, FL 145 SAND PINE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change 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 ☐ Change ☐ Addition TITLE ☐ Delete 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:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-00 561-746-5546