2001 UNIFORM BUSINESS REPORT (UBR) Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P94000089062 1. Entity Name CANDITO PARTNERS, INC. 04-09-2001 90038 048 ***150.00 Mailing Address Principal Place of Business 2540 11TH CIRCLE 26263 E TAMIAMI TR NAPLES FL-33940 NAPLES FL 34112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0547531 Not Applicable Zip Zip Country **\$8.75** Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CANDITO, P. JR. Street Address (P.O. Box Number is Not Acceptable) -2540 11TH CIRCLE-NAPLES FL 34103 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement 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 12. 11. OFFICERS AND DIRECTORS Change ☐ Addition Delete TITLE TITLE 2000 SANDIPER ST CANDITO, JOSEPH P JR NAME NAME STREET ADDRESS STREET ADDRESS 2540 11TH CIRCLE Naples FL 34102 Change CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 33940 ☐ Delete TITLE NAME CANDITO, PATRICIA F NAME STREET ADDRESS STREET ADDRESS 2540 HTH CIRCLE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 33940-☐ Addition TITLE ☐ Delete TITLE 2550 10th st. N., Naples, FL 34103 CANDITO, JOSEPH P SR. NAME NAME STREET ADDRESS STREET ADDRESS 2540 11TH CIRCLE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 38940 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete 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 of 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 related 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR