2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000089062 1. Entity Name CANDITO PARTNERS, INC.							FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91790 001 ***150.00					0691443 FP
Principal Place of Business 2540 11TH CIRCLE NAPLES FL 33940 Mailing Address 26263 E TAMIAMI TR NAPLES FL 34112												
2. Principal P	Place of Business	S. Transact	3. Mailing Address					IID IBIIK BIDLI DOLII DO		4 5 5 10	UPING 1981 EBAN	
Suite, Apt. #, etc. IAMIAM Suite, Apt. #, etc.							☐ CHECK HERE IF MAKING CHANGES					
Normal FL.			City & State				FEI Number	65-0547531		<u> </u>	pplied For	}
3 ^{zi} 2111	2 7	Country CA	Zip	Cour	itry	5.	Certificate of	Status Desired		8.75 Add	ditional	
<u> </u>	6. Name and	d Address of Current R	egistered Agent	<u> </u>	T	7. 1	Name and A	ddress of New R				
•			_ _		Name							
CANDITO, P. JR. 2000 SANDPIPER STREET NAPLES FL 34102					Street Add	ress (P.O. B	30x Number i	s Not Acceptable)			
					City		<u> </u>		FL.	Zip Code		
8. The above	named entity su	hmits this statement for	the purpose of changing its	register	ed office or re	nistered an	ent or both	in the State of Fig		miliar with	and accept	
the obligat	tions of registered										· 	
	_ -	inted name of registered agent an	d title if applicable. (NOT	E: Registere	d Agent signature r	equired when re	einstating)		DATE		·	}
FILE NOW!!! FEE IS \$150.00 After May 1, 2003' Fee will be \$550.00 Make Check Payable to Florida Department of State								ion Campaign Fir Fund Contributio	~ ~		0 May Be I to Fees	
10.	1.	OFFICERS AND D		11.		AC	DITIONS/CI	HANGES TO OFF				ন
NATURE STREET ADDRESS CITY-ST-ZIP	D CANDITO, JOSEPH P JR 2000 SANDPIPER STREET NAPLES FL 34102				i					☐ Change	☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANDITO, PATRICIA F 2000 SANDPIPER STREET NAPLES FL 34102		☐ Delete							☐ Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS	D CANDITO, JOSEPH P SR. 2550 10TH STREET NORTH		☐ Delete			•				Change	☐ Addition	
CITY-ST-ZIP	NAPLES FL 3				-ST-ZIP					F3 6:		l I
TITLE NAME			☐ Delete	NAM	E					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP					et address -st-zip							
TITLE NAME STREET ADDRESS CITY-ST-ZIP										☐ Change	☐ Addition	,
TITLE NAME STREET ADDRESS			☐ Delete	TITLI NAM STRE	E ET ADDRESS		, <u>, , , , , , , , , , , , , , , , , , </u>			☐ Change	☐ Addition	
12. I hereby of indicated of the corchanged,	certify that the inf on this report or poration or the f or on an attack	ormation supplied with t supplemental report is t sceiver or trudes empoy nerit with an agoress wi	nis filing does not qualify for the and accurate and that re- pered to execute this report that other like an powered	r the eve	-ST-ZIP mption stated ture shall have ted by Chapte	in Section the same I r 607 Flori	119.07(3)(i), legal effect a da Statutes;	Florida Statutes. s if made under cand that my name	I further certificath; that I and appears in I	y that the in an officer Block 10 or	nformation or director Block 11 if	

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date