2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 29, 2001 08:00 AM P95000041528 DOCUMENT # 1. Entity Name **Secretary of State** ANNE MARIE DEVITO, INCORPORATED Principal Place of Business Mailing Address 24033 DIETZ DR. PO BOX 2491 BONITA SPRINGS FL BONITA SPRINGS FL33923 33959 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0581192 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEVITO, MARIE ANNE 24033 DIETZ DR. Street Address (P.O. Box Number is Not Acceptable) BONITA SPRINGS FL33923 US 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 Florida. ANNE MARIE DEVITO 04/29/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE **X** Change ☐ Addition CR2E034 (11/00) CROSS MAME JOHN P WEBB NAME KEVIN 27953 LANCE DRIVE STREET ADDRESS STREET ADDRESS P.O. BOX 2491 CITY-ST-ZIP BONITA SPRINGS FL 34135 CITY-ST-ZIP BONITA SPRINGS Т ☐ Delete TITLE ☐ Change NAME WILSON MICHAEL NAME STREET ADDRESS 27411 ELWOOD DRIVE STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL 34135 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition DEVITO MARIE ANNE NAME STREET ADDRESS 24033 DIETZ DR. STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS 33923 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 all other like empowered.

04/29/2001

Date

Daytime Phone #

SIGNATURE: __ANNE MARIE DEVITO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR