

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 04, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P95000071106****1. Entity Name**  
**PEDRONI DESIGN INC.****Principal Place of Business**

6599 GLEN ARBOR WAY

NAPLES  
34119

FL

**Mailing Address**

1318 LAFAYETTE ST

CAPE CORAL  
33904

US

FL

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**  
P.O. BOX 2527

Suite, Apt. #, etc.

**City & State**City & State  
BONITA SPRINGS

FL

**Zip****Country**Zip  
341332527Country  
US**4. FEI Number****65-0455761****Applied For****Not Applicable****5. Certificate of Status Desired****\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**EDERER JOSEPH  
6599 GLEN ARBOR WAYNAPLES  
34119

FL

**7. Name and Address of New Registered Agent****Name**

CASEY PATRICK BESQUIRE

**Street Address (P.O. Box Number is Not Acceptable)**

9240 BONITA BEACH ROAD

**SUITE 2209**City  
BONITA SPRINGS**FL**Zip Code  
34135**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 PATRICK B. CASEY**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**02/04/2000**

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.**  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing**  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33904
	<input type="checkbox"/> Delete	HILL THOMAS W	1318 LAFAYETTE ST	CAPE CORAL		

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33904
	<input type="checkbox"/> Delete					

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33904
	<input type="checkbox"/> Delete					

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33904
	<input type="checkbox"/> Delete					

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	<input type="checkbox"/> Delete					

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	<input type="checkbox"/> Delete					

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	34119
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	EDERER PEPE	6599 GLEN ARBOR WAY	NAPLES		

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	34119
	<input type="checkbox"/> Change <input type="checkbox"/> Addition					

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	34119
	<input type="checkbox"/> Change <input type="checkbox"/> Addition					

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition					

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition					

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	34119
	<input type="checkbox"/> Change <input type="checkbox"/> Addition					

**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.****SIGNATURE:** Pepe Ederer**D:** 02/04/2000