Aug 15, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT: (UBR) DOCUMENT # P96000026304 07-29-2002 90005 022 ***550 00 1. Entity Name GRECO, DEBELLES, CAMERO, CARSIA, PENNSYLVANIA, I NC. Principal Place of Business Mailing Address 702 CARTER ROAD 41517 POST OFFICE BOX 598 WINTER GARDEN FL 34787 OCOEE FL 34761-0598 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 59-3369752 Not Applicable .Zip..... Country __ Zip_ 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 Name GRECO, JOSEPH Street Address (P.O. Box Number is Not Acceptable) **702 CARTER ROAD WINTER GARDEN FL 34787** City 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. I am familiar with, and accept the obligations of registered agen SIGNATURE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11 OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE (4/02) ☐ Chânce ■ Addition NAME GRECO, JOSEPH C NAME STREET ADDRESS **702 CARTER ROAD** STREET ADDRESS CITY-ST-ZIP Winter Garden FL 34787 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DEBELLES, GERARD L NAME STREET ADDRESS 702 CARTER ROAD STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL 34787 CITY-ST-ZIP TITLE mic Delete ☐ Change ☐ Addition NAME CAMERO, GERALD E NAME STREET ADDRESS 702 CARTER ROAD STREET ADDRESS CITY-ST-ZIP Winter Garden FL D4787 CITY-ST-ZIP TITLE" ☐ Delete TITLE ☐ Change ☐ Addition CARSIA, MICHAEL NAME NAME **702 CARTER ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL D4787 CITY-ST-ZIP TITLE ☐ Oelete TITLE ☐ Change ☐ Addition NAME 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 13. Thereby certify that the information supplied with this filling 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 in the corporation of the corporation or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED

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SIGNATURE: