FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

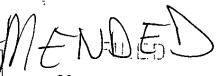
DOCUMENT#

2. Principal Place of Business

1. Entity Name

P96000034547

CANCELLIERI ENTERPRISES, INC.



03 OCT 27 PM 2: 16

SLUNCIANT OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Mailing Address

| 2213 Lime Oak Court Suite, Apt. #, etc. | | 2213 Lime Suite, Apt. #, etc. | 2213 Lime Oak Court Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | |
|---|---------|----------------------------------|---|---|----------------------------|--------------|--|
| City & State Sarasota, FL | | City & State Sarasota, | FL | 4. FEI Number 65-0658997 | | Applied For | |
| ^{Zip} 34232 | Country | Zip 34232 | Country | 5. Certificate of Status Desired | | 5 Additional | |
| • | | | | 7. Name and Address of Current Registered Agent | | | |
| | DO NOT | | Name Ca | ancellieri, Perry | | _ | |
| | | | | | | | |

DO NOT WRITE
IN THIS SPACE

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

2213 Lime Oak Court

City Sarasota

FL | 34232

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 agent.

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

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS Cancellieri, Perry TITLE TITLE 2213 Lime Oak Court NAME NAME STREET ADDRESS STREET ADDRESS Sarasota, FL 34232 CITY-ST-ZIP CITY-ST-ZIP **VP** Bird, Craig TITLE TITLE NAME 2431 Sunnyside Lane NAME STREET ADDRESS Sarasota, FL 34239 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Malecki, Gregory S. TITLE TITLE NAME 4733 Webber Street NAME STREET ADDRESS Sarasota, FL 34233 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-0

Daytime Phone #