FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90254 037 ***150.00

P96000047527

1. Entity Name

THE PATRICK STRACUZZI REAL ESTATE TEAM, INC.



Principal Place of Business Mailing Address 729 S. FEDERAL HIGHWAY 729 S. FEDERAL HIGHWAY MANGE **#100** liange STUART PL 34994 STUART-FL 2. Principal Place of Business 2895 SF 3. Mailing Address 895 SE Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State Lity & State Applied For 65-0666308 Not Applicable Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name: STRACUZZI, SUSAN J. Street Address (P.O. Box Number is Not Acceptable) 729 S. FEDERAL HIGHWAY #100 CEAN STUART FL 34994 City sibmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 🛘 am familiar with, and accept 8. The above named entity the obligations SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Forida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) TITLE ☐ Change ☐ Addition TITLE ☐ Delete STRACUZZI, SUSAN J NAME NAME STREET ADDRESS 3055 SE ST. LUCIE BLVD STREET ADDRESS STUART FL 34996 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE STRACUZZI, PATRICK A. STRACUZZI, PATRICK A NAME St. Lucie Blud NAME 3055 SE -6056 SE ST LUCIE BLVD STREET ADDRESS STREET ADDRESS STUART FL 34996 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change 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-7/P 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attac

with all other like empowered.