2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P96000088010 Mar 25, 2000 8:00 am Secretary of State VINCENT V. DIFRANZO, JR., INC. 03-25-2000 90016 002 ***150.00 Principal Place of Business Mailing Address 35 RIVÉR RIDGE DRIVE 35 RIVER RIDGE DRIVE ROCKLEDGE FL 32955 ROCKLEDGE FL 32955-8410 2. Principal Place of Business 3. Mailing Address Megulous Road 1236 Winding Meudows Road 1236 Winding Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3407863 York ledge Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE Delete TITLE Difranzo, Vicent V Jr. DIFRANZO, VINCENT V JR. NAME 1236 Winding Meadows Road NAME 35 RIVER RIDGE DRIVE STREET ADDRESS STREET ADDRESS Rock | edge , Fl. 32955 CITY-ST-ZIP **ROCKLEDGE FL 32955** CITY-ST-ZIP VSD VSD Change Addition Delete TITLE TITLE DiFranzo, Barbara Kaye 1236 Winding Meadows Road DIFRANZO, BARBARA KAYE NAME NAME 35 RIVER RIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROCKLEDGE FL 32955 CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 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 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.