2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 20, 2000 8:00 am Secretary of State DOCUMENT # P97000010103 1. Entity Name PRINCIPAL FUNDING & INVESTMENTS, INC. 04-20-2000 90105 031 ***150.00 Principal Place of Business Malling Address 600 NORTHERN WAY 600 NORTHERN WAY #1506 #1506 LUU0/14/ WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708-3877 3. Mailing Address 2.431 , Homa AVC. 2. Principal Place of Business Aloma AVE DO NOT WRITE IN THIS SPACE Applied For Sity & State PARK, 4. FEI Number PARK, PL 59-3429021 Not Applicable Country Ange \$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 CARPINO, MICHAEL Street Address (P.O. Box Number is Not Acceptable) # 303 **600 NORTHERN WAY** #1506 WINTER SPRINGS FL 32708 City OVIEDO Zip Code 32765 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DSD CR2F034 (9/99) **PSD** TITLE ☐ Addition ☐ Delete TITLE Oppoino, Michael 1979 summer Club Dr. #303 NAME NAME CARPINO, MICHAEL STREET ADDRESS STREET ADDRESS 5942 BENT PINE DR #343 OVIE00, FI 32765 CITY-ST-ZIP CITY-ST-ZIP ORLANDO <u>FL</u> 32822 ☐ Addition Change ☐ Delete TITLE NAME CARPINO, LAURETTA A STREET ADDRESS STREET ADDRESS 600 NORTHERN WAY-#1506 ~ CITY-ST-7IP CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP 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 expowered.

GNING OFFICER OR DIRECTOR

Daytime Phone #