## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jun 05, 2002 8:00 am P97000072347 DOCUMENT # Secretary of State 1. Entity Name TRANQUILITY BUILDERS OF FLORIDA, INC. 06-05-2002 90416 002 \*\*\*150 00 Mailing Address Principal Place of Business 208 SERRANG TRAIL 20 WOODHOLLOW LANE BUJ44000 PALM COAST FL 32164 BROWNS MILLS NJ 08015 2. Principal Place of Business 3. Mailing Address 3 MOUNT WERNON LANE MOUNT VERNON LANE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 58-2371492 Not Applicable PALM CONST \$8.75 Additional 5. Certificate of Status Desired Fee Required 7:-Name and Address of New Registered Agent = === Name and Address of Current Registered Agent ANGIUOLI, EDWARD J III Street Address (P.O. Box Number is Not Acceptable) 20 WOODHOLLOW LANE 13 MOUNT WEARN LANE VERNON PALM COAST FL 32164 - 8 717 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible, \$5.00 May Be \_10. Election Campaign Financing ... After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ANGIVOLI, ANTHONY ☐ Delete TITLE TITLE 13 MOUNT VERNON LANK NAME ANGIUOLI, ANTHONY NAME STREET ADDRESS 308 SERRANO TRAIL PALA COAST, FL 32/64-8717 STREET ADDRESS CITY-ST-ZIP **BROWNS MILLS NJ 08015** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP - Delete TITLE= TITLE: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITI F NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete 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 true exprowered 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.

SIGNATURE: SIGNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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