## May 24, 2002 8:00 am Secretary of State 2002 Uniform Business Report (UBR) P97000079361 DOCUMENT # 04-10-2002 90470 025 \*\*\*150 00 1. Entity Name PICCOBELLO CORPORATION Principal Place of Business Mailing Address 301 S. GULFVIEW BLVD. 1767 SAND HOLLOW LAND CLEARWATER BEACH FL 33767 PALM HARBOR FL 34683 2. Principal Place of Business, 6218 - 66.75 St - N 3. Mailing Address 1767 SAND HOLLOW LN DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3470652 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \_\_\_\_\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THAVABALASINGAM, KANDIAH P. Street Address (P.O. Box Number is Not Accentable) 1767 SAND HOLLOW LANE PALM HARBOR FL 34683 Zip Code-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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034:(9/01);3 THAVABALASINGAM TITLE PD 6218-66 th St-N KANDIAH-P TITLE ☐ Delete THAVABALASINGAM, KANDIAH P... NAME NAME 301 S. GULFVIEW BLVD. STREET ADDRESS STREET ADDRESS CLEARWATER FL 33767 Pinellas Park-FL 33781 CITY-ST-ZIP CITY-ST-ZIP THAVABALASINGAM NALINI TChange TITLE ☐ Delete TITLE THAVABALASINGAM, NALINI NAME 6218. 66th St-N NAME 301 S. GULFVIEW BLVD. STREET ADDRESS STREET ADDRESS Pinellas Park FL 33781 CITY-ST-ZIP CLEARWATER FL 33767 CITY-ST-ZIP TITLE: · - Delete TITLE ☐ Addition NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP IIII E TITLE ☐ Delete ☐ Change Addition\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME

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 eath; 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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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