

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91555 038 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P97000100694**

1. Entity Name  
**M & B CLASSETTI, INC.**

Principal Place of Business      Mailing Address

**2837 S.W. 26TH AVE**      **2837 S.W. 26TH AVE**  
**CAPE CORAL FL 33914**      **CAPE CORAL FL 33914**

2. Principal Place of Business      3. Mailing Address

**2837 S.W. 26th Ave**      **2837 S.W. 26th Ave**

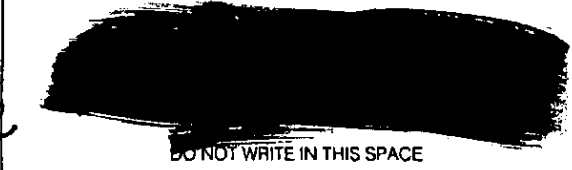
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Cape Coral, FL**      **Cape Coral, FL**

Country      Country

**U.S.A.**      **U.S.A.**



4. FEI Number      Applied For

**65-0794667**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLASSETTI, MICHAEL**  
**2837 S.W. 26TH AVE**  
**CAPE CORAL FL 33914**

*Michael Classetti 5/18/02*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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      *Bridget Classetti*      DATE      **4/18/02**

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 Tax filing requirement and elects to do so.

(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>CLASSETTI, MICHAEL</b>
STREET ADDRESS	<b>2837 S.W. 26TH AVE</b>
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>CLASSETTI, BRIDGET</b>
STREET ADDRESS	<b>2837 S.W. 26TH AVE</b>
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date      Daytime Phone #

CR2034 (9/01)