

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90470 017 ***150.00

DOCUMENT # *P98000001045*

1. Entity Name

Fortuna, Inc.

Principal Place of Business

FORTUNA INC.

Mailing Address

*833 NW 10TH ST
 Ocala FL 34475*

A0063157

2. Principal Place of Business

833 NW 10TH ST.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OCALA FLORIDA

City & State

Suite, Apt. #, etc.

4. FEI Number

59-3517288

Applied For

Not Applicable

Zip

34475

Country

U.S.

Zip

Country

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

6. Name and Address of Current Registered Agent

MICHAEL PASSARELLA

~~*2804 BRIDGEWOOD CT.*~~

~~*1801 B BELLEVUE*~~

1801 B BELLEVUE

LANGO FL 33771

7. Name and Address of New Registered Agent

Name *MICHAEL PASSARELLA*

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

2804 BRIDGEWOOD CT

PALM HARBOR FL

FL

Zip Code *34683*

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]

(NOTE: Registered Agent signature required when reinstating)

4/9/01

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE *PRESIDENT* ☐ Delete
 NAME *MIKE PASSARELLA*
 STREET ADDRESS *2804 BRIDGEWOOD CT.*
 CITY-ST-ZIP *PALM HARBOR FL 34684*

TITLE *VICE PRESIDENT* ☐ Delete
 NAME *FRANK FLORIMONTE*
 STREET ADDRESS *4720 NW 80TH CT (NEW ADDRESS)*
 CITY-ST-ZIP *OCALA FL 34482*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS *2804 BRIDGEWOOD CT.*
 CITY-ST-ZIP *PALM HARBOR FL 34684.*

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS *4720 NW 80TH CT*
 CITY-ST-ZIP *OCALA FL 34482.*

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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] *FRANK FLORIMONTE (V.P.)*

4/9/01

352-369-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)