FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am Secretary of State **DOCUMENT #** P98000055386 1. Entity Name 04-23-2002 90391 014 ***150.00 LARGO PLAZA, INC. Principal Place of Business Mailing Address 3850 E GULF TO LAKE HWY 3850 E GULF TO LAKE HWY **INVERNESS FL 34450** INVERNESS FL 34450 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-35 19242 Not Applicable Zip Country \$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 PICCIONE, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 9061 E SWEETWATER DR **INVERNESS FL 34450** City 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 Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SOBIK, ROSEANN NAME STREET ADDRESS 9061 E SWEETWATER DR STREET ADDRESS CITY-ST-ZIP **INVERNESS FL 34450** CITY-ST-ZIP TSD ☐ Delete TITLE Change ☐ Addition NAME PICCIONE, MICHAEL NAME STREET ADDRESS 9061 E SWEET WATER DR STREET ADDRESS CITY-ST-7IE **INVERNESS FL 34450** CITY-ST-ZIP - - Delete - -☐ Change - ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 AND DED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Date Daytime Prone #