## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # P98000066076 BURNT STORE/PGI REALTY GROUP, INC. 01-25-2000 90133 030 \*\*\*150.00 Principal Place of Business Mailing Address 2645 W MARION AVE 1232 MARKET CIRCLE SUITE 4-D PORT CHARLOTTE FL 33953 B0005821 PUNTA GORDA FL 33950-5900 HS 2. Principal Place of Business 3. Mailing Addres VASCO-STREE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0877617 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARINO, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 2645 W MARION AVE #211 PUNTA GORDA FL 33950 Zip Code City FL 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. (NOTF: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. \_\_\_ Addition CR2E034 (9/99) ☐ Defete Change TITLE GARINO, ROBERT C NAME NAME STREET ADDRESS STREET ADDRESS 2645 W MARION AVE #211 CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33950** ☐ Delete Change Addition TITLE TITLE GARINO, ROBERT C NAME NAME STREET ADDRESS STREET ADDRESS 2645 W MARION AVE #211 CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Change ☐ Addition ☐ Delete TITLE TITLE GARINO, ROBERT G NAME NAME STREET ADDRESS STREET ADDRESS 2645 W MARION AVE #211 CITY-ST-ZIP PUNTA GORDA FL 33950 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ 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 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