FILED May 17, 2002 8:00 am & Secretary of State **2002 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P98000099249 1. Entity Name 05-17-2002 90012 043 ***150 00 BESSOLO DEVELOPMENT GROUP, INC. Principal Place of Business Mailing Address 556 CENTRAL AVE 556 CENTRAL AVE ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 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 59-3543456 Not Applicable Zip Country 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 Name BESSOLO, KEVIN J Street Address (P.O. Box Number is Not Acceptable) **556 CENTRAL AVE** ST. PETERSBURG FL 33701 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME BESSOLO, KEVIN J STREET ADDRESS STREET ADDRESS **556 CENTRAL AVE** CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 □ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accordate and that must e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if **2**r trustee empowered t changed, or on an attach

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE /

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

MUNKEVIN J. BESSOLD

CR2E034 (9/01