2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P9900002900 1. Entity Name R. SCIVETTI 101 CORPORATION 04-30-2001 90033 045 ***150.00 Principal Place of Business Mailing Address IO1 S. OLD COACHMAN ROAD. #916 101 S. OLD COACHMAN ROAD, #916 CLEARWATER FL CLEARWATER FL 2. Principal Place of Business 3. Mailing Address 3121 Hillside La. 3121 Hillside Un. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3550456 Harbor, Safety Harbon Not Applicable \$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 SCIVETTI, RICHARD Street Address (P.O. Box Number is Not Acceptable) 101 S. OLD COACHMAN ROAD, #916 CLEARWATER FL Hillside Un. <u> 346/95</u> 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. DATE (NOTE: 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Z. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PTSD ■ Addition TITLE TITLE ☐ Delete SCIVETTI, RICHARD JR. NAME NAME 3121 Hillside Ln. Safety Harbor, FL 34695 STREET ADDRESS STREET ADDRESS 101 S. OLD COACHMAN ROAD, #916 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Delete TITLE TITLE SCIVETTI, JODIE NAME NAME 31a1 Hillside Ln. Safety Harbor, FL 34695 STREET ADDRESS 101 S. OLD COACHMAN ROAD, #916 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS 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:

odie Scivetti Jodie Scivet

4-25-01

<u> 127 7919204</u>

Daytime Phone #