2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P9900014471. 344 CUCCIA ENTERPRISES, INC. 04-28-2001 90073 029 ***150.00 Principal Place of Business Mailing Address 9840 PEDDLERS WAY 9840 PEDDLERS WAY 041839 ORLANDO FL 32817 ORLANDO FL 32817 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3563956 Not Applicable Ζip 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 CUCCIA, NAN R 214 Lewfield Circle Street Address (P.O. Box Number is Not Acceptable) - 9840-PEDDLERS WAY Winter Park, FL 32793 ORLANDO FL 32817 Zip Code 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. (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 Tax filing requirement and elects to do so. After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. 214 Lewfield Circle TITLE ☐ Delete TITLE CUCCIA, JOHN S JR NAME STREET ADDRESS 9840 PEDDLERS WAY STREET ADDRESS Winter Park FL 32792 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817 Change TITLE Delete CUCCIA, NAN R NAME 214 Lewfield Circle NAME STREET ADDRESS 9840 PEDDLERS WAY STREET ADDRESS 32792 Winter Park, FL CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Delete TITLE Change Addition TITLE 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 Addition TITLE ☐ Delete Change NAME 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

4/23/01

Daytime Phone #