06/07/2002 01:11 9415301742 MARCO PRO

09/29/1999 04:57 9414347248 PERRINO&ASSOC 5/1

FILED
Jun 13, 2002 8:00 am
Secretary of State
05-17-2002 90043 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017311

1. Entity Name: MARCO PRO DESIGNS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 11331 LAFAYETTE LN
Suite, Apt. #, etc.:
City & State: NAPLES FL
Zip: 34114 County: USA

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-090-1505 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent:
Name: RONALD WEBSTER
Street Address (P.O. Box Number is Not Acceptable): 985 N COLLIER BLVD
City: MARCO ISLAND FL Zip Code: 34145

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: X

9. This corporation is eligible to apply to participate in the Internal Revenue Service Tax Simplification Program and elects to do so. (See other side for details) ☐

Jan-May 1 - File by 5/1/99 - $150.00
After May 1 - File by 9/29/99
Amended UBR by 9/29/99
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT NAME: WILLIAM PIGASOU STREET ADDRESS: 11331 LAFAYETTE LANE CITY-ST-ZIP: NAPLES, FL 34114	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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DO NOT WRITE IN THIS SPACE

CR2E036B (12/01)

93. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 an attachment with the appropriate title.

SIGNATURE: _____
EXECUTIVE OFFICER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR