2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000044253 May 22, 2000 8:00 am **Secretary of State** ALAN VANDETTI GRADING, INC. 05-22-2000 90020 007 ***150.00 Mailing Address Principal Place of Business 695 100TH AVENUE NORTH 695 100TH AVENUE NORTH NAPLES FL 34108 NAPLES FL 34108-2237 2. Principal Place of Business 3. Mailing Address 28055 EASTBROOK 28055 EAST BROOK DR Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 49 - 3575457 Not Applicable BOWITA Sp<u>rings</u> BONITA Country \$8.75 Additional Čountry 5. Certificate of Status Desired -Fee Required 34.13.5 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANDETTI, ALAN Street Address (P.O. Box Number is Not Acceptable) 695 100TH AVENUE NORTH EASTBROOK NAPLES FL 34108 130 NITA SPRINGS 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 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** Change Addition TITLE ☐ Delete TITLE VANDETTI, ALAN NAME NAME 18055 EASTBROOK DE STREET ADDRESS STREET ADDRESS 695 100TH AVENUE NORTH CITY-ST-ZIP NAPLES FL 34108 CITY-ST-7/P BONITA SPRINGS 34135 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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.

ITED NAME OF SIGNING OFFICER OR DIRECTOR