2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 24, 2002 8:00 am § Secretary of State DOCUMENT # P99000046992 1. Entity Name 05-24-2002 91291 021 ***150.00 JAMES S. PUCCIO ATTORNEY & COUNSELLOR CHARTERED Principal Place of Business Mailing Address 2323 DEL PRADO BLVD. 2323 DEL PRADO BLVD. CAPE CORAL FL 33990 PMB 174, SUITE 7 CAPE CORAL FL 33990 3/80 N. CLEVELAN ALK 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO:NOT-WRITE;IN.THIS.SPACE. City & State 4. FEI Number Applied For 65-0921506 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PUCCIO, JAMES S Street Address (P.O. Box Number is Not Acceptable) 13180 N. CLEVELAND AVE. FT. MYERS FL 33903 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. SIGNA#URE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 0. 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME PUCCIO, JAMES S NAME STREET ADDRESS 13180 N. CLEVELAND AVE. STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33903 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 attagment with an address, with another like empowered.

Date

Daytime Phone #

FILED