2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

FILED DOCUMENT # **P99000064509** May 09, 2000 8:00 am Secretary of State L'THERESE M. FARINOSI ENTERPRISES, INC. 05-09-2000 90129 004 ***150.00 Mailing Address Principal Place of Business 255 N. TAMIAMI TRAIL #25 255 N. TAMIAMI TRAIL #25 NOKOMIS FL 34275-2015 NOKOMIS FL 34275 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number Not Applicable 65-0932674 Zip Country 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 ____ FARINOSI, L. THERESE M Street Address (P.O. Box Number is Not Acceptable) 255 N. TAMIAMI TRAIL #25 NOKOMIS FL 34275 Zip Code City 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 (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITI F ☐ Change ☐ Addition Delete NAME NAME Farinosi, L Therese M STREET ADDRESS STREET ADDRESS 255 N. Tamiami Trail #25 Nokomis FL 34275 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete - ___ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Defete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 supplier entire 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 of tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

HERESE M. FARINOS.