2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900064509

FILED Apr 23, 2001 8:00 am

| 1. Entity Name L'THERESE M. FARINOSI ENTERPRISES, INC. | | | | | | | Secretary of State 04-23-2001 90050 009 ***150.00 | | | | | | | |
|--|--|---|-------------------------------|---|-------------------------------|--|--|---|----------------------------------|------------------------|---|-----------------|--|--|
| Principal Place of Business Mailing Address | | | | | - | | | | | | | | | |
| 255 N. TAMIAN NOKOMIS FL 3 | | 255 N. TAMIAMI TRAIL #25 NOKOMIS FL 34275 | | | | | | i i vij | | AND . | | | | |
| - ، | | | | | | | 12112 (BIII 2811) BB | 4 | | :: | IB 1811 1881 | | | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | DO NOT WR | ITE IN THI | S SPAC | E | | | | |
| City & State | | City & State | | | 4. | FEI Number | 65-09326 | 74 | - | | plied For t Applicable | , | | |
| Zip Country | | Zip | itry | 5. | Certificate of | Status Desired | | \$8. Fee | 75 Add Required | itional 1 | | | | |
| | | | 7. | Name and A | dress of New | Registere | d Agen | it | | 7 | | | | |
| FAR | INOSI, L. THERESE M | | | Name | (5.0.) | | | | | | | _ | | |
| | N. TAMIAMI TRAIL #25 (COMIS FL 34275 | ين ۾ پيڪيوس | - *** | Street Address | i (P.O. I | Pož ivnimpe. | s Not Acceptab | | | | | _ | | |
| | ~ \ | | | City | | | | F | | Zip Code | | 1 | | |
| 8. The above | named entity submits this statement for | the purpose of changing its re | egister | l ad office or registe | ered ag | gent, or both, | in the State of F | | <u> </u> | | | - | | |
| SIGNATURE . | Signature, typed or printed name of registered agent ar | d title if applicable. (NOTE: | Registere | d Agent signature requir | ed when r | einstating) | | DATE | | | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | | FILE NOW!! After MAY 1, 200 Make Check Payabl | will be \$550.00 | | | on Campaign F Fund Contributi | _ | | | May Be to Fees | | | | |
| 11. | OFFICERS AND D | PIRECTORS - | 12. | | ΑC | DDITIONS/CH | IANGES TO OF | FICERS AI | ND DIR | ECTORS | IN 11 |]_ | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Farinosi, L Therese M 255 N. Tamiami Trail #25 Nokomis Fl 34275 | Delete | | | | | | | | Change | ☐ Addition | CR2E034 (10/00) | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | | | | Change | Addition | CR2 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | · | | | | Change | Addition | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | .□ Delete | | | | | | | | Change | Addition | | | |
| TITLE NAME STREET ADDRESS (CITY-ST-ZIP | | ☐ Delete | | | | | | | | Change | ☐ Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | | | | Change | ☐ Addition | | | |
| 13. I hereby of indicated of the corporated | ertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trace employed or on an attackment with | his filing does not qualify for t rue and accurate and that my vered to execute this report a | he exe / signa: s requi | mption stated in Sture shall have the red by Chapter 60 | Section e same 07, Flor | 119.07(3)(i), l legal effect a ida Statutes; a | Florida Statutes s if made under and that my nan | . I further of oath; that ne appear | ertify th I am ar s in Blo | at the in officer o | formation or director Block 12 if | 1 | | |

L'Therese M. FariNos 4-15-01