FILED 2002 Uniform Business Report (UBR) Mar 26, 2002 8:00 am Secretary of State DOCUMENT # P99000071750 1. Entity Name 03-26-2002 90018 033 ***150.00 PRONTO LIMITED, INC. Principal Place of Business Mailing Address 6010 WINCHESTER PLACE **6010 WINCHESTER PLACE** SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0942120 Not Applicable Zip Country Zip 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 NAPOLITANO, JOHN E ESQ. Box Number is Not Acceptable) NAPOLITANO & COOPER. P.A. 677 NORTH-WASHINGTON-BLVD., SUITE 1-A SARASOTA FL 34243 City Zip Code atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits thi SIGNATURE d. He if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. 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 TORS IN 11 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRE 11. CR2E034 (9/01) TITLE TITLE Jelete NAME NAME DELVESCOVO, MARIA G STREET ADDRESS STREET ADDRESS 6010 WINCHESTER PLACE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 Delete Change ☐ Addition TITLE TITLE NAME NAME DELVESCOVO, ANTHONY R STREET ADDRESS STREET ADDRESS 6010 WINCHESTER PLACE CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34243 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete Change ☐ Addition TITLE NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE:

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone #