2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000077535 Sep 12, 2000 8:00 am Secretary of State 1. Entity Name GRECO BOYS, INC. 08-25-2000 90007 017 ***550.00 Mailing Address Principal Place of Business 33542 COUNTY ROAD 473 33710 LINDA LANE LEESBURG FL 34788 LEESBURG FL 34788 2. 'Principal Place of Business 3. Mailing Address 992 Road 452 Countu Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4.-FEI Number Applied For Eustis 59-3 Not Applicable Country \$8.75 Additional Fee Required ddress of Current Registered Agent = ----7:-Name and Address of New Registered Agent-SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number Is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zip Code 医阴茎内部 医原 8.. The above named entity submitts 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 (NOTE: Registered Agent storeture required when reinstating) FILE NOW!!! FEE IS \$550.00. 9. This corporation is eligible to satisfy its intengible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PSTD** (5 (5 (5) TITLE ☐ Delete ☐ Addition TITLE Change : GRECO, TERRANCE A NAME CR2E034 STREET ADDRESS 33542 COUNTY ROAD 473 STREET ADDRESS CITY-ST-7IP LEESBURG FL 34788 CITY-ST-7IP TITLE ☐ Addition ☐ Delete TITLE ☐ Change 1 73 72 63 73 73 1 NAME NAME 724 75 Th STREET ADDRESS STREET ADDRESS **经工业的连续**多 CITY-ST-ZIP : 1: CITY-ST-7/P Addition TITLE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Defete Change TiTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE --Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME

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

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP