2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # **P99000077672** SOUTH FLORIDA CUSTOM TRIM, INC. 05-17-2000 90930 010 ***150.00 Principal Place of Business Mailing Address 27126 HARBOR DR 27126 HARROR DR BONITA SPRINGS FL 34135-4327 **BONITA SPRINGS FL 34135** 2. Principal Place of Business 3. Mailing Address 3777 Tamiami Tr. N. 3777 Tamiami Tr. N. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 200 200 City & State City & State 4. FEI Number Applied For 65-0950304 Naples, FLNaples, FL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34103 **USA** 34103 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOLLITTO, ERIC Street Address (P.O. Box Number is Not Acceptable) 27126 HARBOR DR **BONITA SPRINGS FL 34135** 3105 Vanderbilt Dr., #909 34110 Naples 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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. President, Treasurer Eric Sollitto ☐ Change X Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 3105 Vanderbilt Dr., #909 CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34110 Vice President, SecretaryChange ☐ Delete TITLE NAME NAME Mark Sollitto STREET ADDRESS STREET ADDRESS 27435 Horne Ave. CITY-ST-7IP CITY-ST-ZIP Bonita Springs, FL Change. TITLE ☐ Delete TITLE NAME --- -NAME - -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: