2002 UN

M BUSINESS REPORT (UBR)

SIGNATURE REQUIRE

Secretary of State DOCUMENT # P99000098542 05-06-2002 90088 040 ***150.00 PASSARELLA LAND DEVELOPMENT, INC. Principal Place of Business Mailing Address 5632 CONGRESS ST 5632 CONGRESS ST NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 34653 2. Principal Place of Business a. Mailing Address HOW HISDER TREASE CT Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State
LEW PORT RICHEY CILY & STATE PORT RICHEY Applied For 59-3609733 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Age 7. Name and Address of New Registered Agent FIGURSKI, GERALD A Street Address (P.O. Box Number is Not Acceptable) 2435 US HWY 19, SUITE 350 HOUDAY FL 34691 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PTD ☐ Delete TITLE Change Addition PASSARELLA, NICHOLAS A NAME NAME STREET ADDRESS 11014 HIDDEN TREASURE CT. 5632 CONGRESS ST STREET ADDRESS CITY-ST-71P **NEW PORT RICHEY FL 34653** CITY-ST-ZIP NEW PORT RICHEY FL 34654 TITLE ☐ Delete PASSARELLA, FRANCINE E STREET ADDRESS 5632 CONGRESS ST 11 014 HIDDEN TREASURE CT STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL CITY-ST-7IP TITLE ☑ Defete = -ETITLE- ... ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ITILE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. Thereby 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 changed, or on an attachment with an address, with all other like empowered.

FILED Jun 16, 2002 8:00 am