## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2002 8:00 am<sup>9</sup>/<sub>9</sub> Secretary of State **FILED** S97313 DOCUMENT # 1. Entity Name 05-03-2002 90048 010 \*\*\*150.00 LONETTI INC. Principal Place of Business Mailing Address 100 CARRIGAN AVE 100 CARRIGAN AVE OVIEDO FL 32765 OVIEDO FL 32765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3096463 Not Applicable Country Zip 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 LONETTI, LUIGI Street Address (P.O. Box Number is Not Acceptable) 100 CARRIGAN AVENUE OVIEDO FL 32765 Zip Code City 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) DATE 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. $\Box$ Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) TITLE ☐ Delete TITLE Change Addition NAME LONETTI. LUIGI NAME STREET ADDRESS 100 CARRIGAN AVE STREET ADDRESS CITY-ST-ZIP OVIEDO FL CITY-ST-ZIP ☐ Defete Change ☐ Addition LONETTI, SUSAN NAME STREET ADDRESS 100 CARRIGAN AVE STREET ADDRESS CITY-ST-ZIP OVIEDO FL CITY-ST-ZIP TITLE Delete TITLE Change Addition LONETTI, FORTUNATO NAME NAME 100 CARRIGAN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Love Hi 4-3-02 SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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.