FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 15, 2002 8:00 am V37908 **DOCUMENT # Secretary of State** 1. Entity Name 01-15-2002 90040 033 ***150.00 STOCK DEPOT, INC. Principal Place of Business Mailing Address 1047 E ATLANDIC AVE 1047 E ATLANTÍC AVE SUITE 244 SUITE 244/ DELRAY BCH. FL 33483 DELRAY BCH. FL 33483 us / US 2. Principal Place of Business 3. Mailing Address SUIE, ADE. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 258 S.E. 6th Ave., #2 Cit Delray Beach, FL 33483 Applied For City & State 4. FEI Number 65-0382711 Not Applicable 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 MANGIONE, ERIC J Street Address (P.O. Box Number is Not Acceptable) 2765 AU SOLEIL AVE. **GULFSTEAM FL 33483** City Zip Code statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity Eric Mangione (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01)**PVST STOCK DEPOT** TITLE ☐ Delete TITLE ☐ Change ☐ Addition MANGIONE, ERIC NAME NAME 258 S.E. 6th Ave., #2 1047 E ATLANTIC AVE STREET ADDRESS STREET ADDRESS Delray Beach, FL 33483 CITY-ST-ZIP DELRAY BCH. FL 33483 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition MANGIONE, ERIC NAME NAME STOCK DEPOT STREET ADDRESS 1047 E ATLANTIC AVE STREET ADDRESS 258 S.E. 6th Ave., #2 DELRAY BCH. FL 33483 CITY-ST-ZIP CITY-ST-ZIP Delray Beach, FL 33483 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME ס STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE ☐ 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 ☐ Change ☐ Addition 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 truetee 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.

QEOLIREFIC Mangione

1/2/02

SIGNAT

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