FILED Apr 13, 2000 8:00 am Secretary of State

04-13-2000 90117 002 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V52159

MANCUSO VENTURES, INC.

Principal	Place of	Business
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Mailing Address

2440 US HWY 98 N LAKELAND FL 33805 us

2440 US HWY 98 N LAKELAND FL 33805-2411

2. Principal Place of Business 8767 Grey Oaks Ave. Suite, Apt. #, etc.		3. Mailing Address 8767 Grey Oaks Ave. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Sarasota	, FL	City & State - Sarasota, FL		4. i	FEI Number 59-3134310	<u> </u>	oplied For ot Applicable	
Zip 3423	S8 USA	^{Zip} 34238	Country USA	5. (Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MANCUSO, JOSEPH 203 MIRAMAR DRIVE LAKELAND FL 33803 8. The above named entity submits this statement for the purpose of changing its registere SIGNATURE Signature, typed or printed before of registered agent and title if applicable. (NOTE: Registered (NOTE: Registered)				Name Yvonne J Mancuso Street Address (P.O. Box Number is Not Acceptable) 8767 Grey Oaks Avenue City Sarasota FL Zip Code 34238 red office or registered agent, or both, in the State of Florida. Mancuso President A 4-7-00 DATE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2000 Make Check Payable			vill be \$550.00 Trust Fund Contribution.			\$5.00 May Be Added to Fees		
11.	OFFICERS AND I	DIRECTORS	12.	AD	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
NAME STREET ADDRESS	P MANCUSO, JOSEPH L. 203 MIRAMAR DRIVE LAKELAND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8767	JSO, JOSEPH L Grey Oaks Avenue Sota, FL 34238	XX Change	☐ Addition	
TITLE NAME STREET ADDRESS	VPST MANCUSO, YVONNE J 203 MIRAMAR DRIVE LAKELAND FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V MANCU 8767	JSO, YVONNE J Grey Oaks Avenue Gota, FL 34238	XX Change	☐ Addition	

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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

☐ Delete

☐ Delete

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SIGNATURE:

NAME

TITLE

NAME

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

lancusó SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-7-00

941-966-3684

Daytime Phone #

☐ Change

☐ Change

CR2E034 (9/99)

■ Addition

☐ Addition

☐ Addition