## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # G76132** 1. Entity Name **FACILE CORPORATION** 03-20-2000 90065 048 \*\*\*150.00 Principal Place of Business Mailing Address 4015 NO. U.S. 1 4015 NO. U.S. 1 FT. PIERCE FL 34946 FT. PIERCE FL 34946-8481 B0040703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City!& State 4. FEI Number 59-2675535 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AUTULLO, MICHAEL JR 1190 40 ES AVES.W. VEROBERCH, FI 32968 Street Address (P.O. Box Number is Not Acceptable) 8869 NO. A1A FT.PIERCE FL 34949 Zip Code FL 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 DATE 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 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE Delete TITLE AUTULLO, RALPH D NAME NAME STREET ADDRESS 4015 N. U.S. 1 STREET ADDRESS CITY-ST-ZIP ST. PIERCE FL 34946 CITY-ST-7IP Addition Change ☐ Delete TITLE TITLE AUTULLO, MARGARET F NAME 4015 N. U.S. 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PIERCE FL 34946 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE AUTULLO, MICHAEL JR. NAME NAME 4015 N. U.S. 1 STREET ADDRESS STREET ADDRESS ST. PIERCE FL 34946 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 occurate 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 of 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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

WTO 10 Presion 2-3-00

461-4503

Addition

Daytime Phone #

☐ Change