

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

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03-17-2003 91101 012 ***150.00

DOCUMENT # J76008

1. Entity Name
FLICKERLITE BAR & PIZZA RESTAURANT, INC.



Principal Place of Business
C/O JOAN F. CAPONE
4100 N 35 AVENUE
HOLLYWOOD FL 33021

Mailing Address
C/O JOAN F. CAPONE
4100 N 35 AVENUE
HOLLYWOOD FL 33021



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2841512**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPONE, JOAN F.
4100 N 35 AVENUE
HOLLYWOOD FL 33021-8914

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	CAPONE, KARIN		
1014 N. OCEAN DR	1014 N. OCEAN DR		
HOLLYWOOD FL	HOLLYWOOD FL		
VD	CAPONE, RICHARD		
1014 N. OCEAN DR	1014 N. OCEAN DR		
HOLLYWOOD FL	HOLLYWOOD FL		
TD	CAPONE, JOAN F.		
4100 N. 35TH AVENUE	4100 N. 35TH AVENUE		
HOLLYWOOD FL	HOLLYWOOD FL		
VP	VIVACUE, PATRICIA J.		
1014 N OCEAN DR	1014 N OCEAN DR		
HOLLYWOOD FL	HOLLYWOOD FL		
SD	CAPONE, JOHN		
1014 N OCEAN DR	1014 N OCEAN DR		
HOLLYWOOD FL	HOLLYWOOD FL		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joan F. Capone* **SIGNATURE REQUIRED** Capone, Treas. 3/15/2003 (954)961-3079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)