

2002 UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 08, 2002 8:00 am  
Secretary of State

04-08-2002 90222 046 \*\*\*150.00

DOCUMENT # V48084

1. Entity Name  
PAVILLION FOODS, INC.

Principal Place of Business 7611 E CAUSEWAY BLVD TAMPA FL 33619 US	Mailing Address 7611 E CAUSEWAY BLVD TAMPA FL 33619 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4631 PANORAMA AVE Suite, Apt. #, etc.	3. Mailing Address 4631 PANORAMA AVE Suite, Apt. #, etc.
--	--

City & State HOLIDAY FL	City & State HOLIDAY FL	4. FEI Number 59-3130762	Applied For Not Applicable
Zip 34690	Country PASCO	Zip 34690	Country PASCO
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
COMELLA, MARY E.  
10601 WETRIDGE DR ←WRONG  
TAMPA FL 33626

7. Name and Address of New Registered Agent  
Name: MARY E. COMELLA  
Street Address (P.O. Box Number is Not Acceptable): 10601 WEYBRIDGE DR  
City: TAMPA FL Zip Code: 33626

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)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LIGGIO, VINCENT A 7611 E CAUSEWAY BLVD TAMPA FL 33619 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LIGGIO, RACHEL M 7611 E. CAUSEWAY BLVD TAMPA FL 33619 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/SEC MARY ELLEN COMELLA 4631 PANORAMA AVE HOLIDAY FL 34690 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. ROBERT COMELLA 4631 PANORAMA AVE. HOLIDAY, FL 34690 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Mary E. Comella Date: 2-15-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UBR 11

CR2E034 (9/01)