

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 14, 2003 8:00 am
Secretary of State

REGULATOR
AV

04-14-2003 90027 005 ***158.75

DOCUMENT # 441565

1. Entity Name
G.A. FOOD SERVICES OF PINELLAS COUNTY, INC.



Principal Place of Business
**12200 32ND COURT NORTH
ST. PETERSBURG FL 33716**

Mailing Address
**12200 32ND COURT NORTH
ST. PETERSBURG FL 33716**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country

4. FEI Number **59-1485677** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LOBIANCO, JAMES J.
12200 32ND COURT NORTH
ST. PETERSBURG FL 33716

7. Name and Address of New Registered Agent

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 *James J. Lobianco*
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered agent's 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

TITLE	VD <input type="checkbox"/> Delete
NAME	LOBIANCO, KENNETH A
STREET ADDRESS	8285 30TH AVE. N.
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	PD <input type="checkbox"/> Delete
NAME	LOBIANCO, JAMES J
STREET ADDRESS	2061 OCEANVIEW DR
CITY-ST-ZIP	TIERRA VERDE FL 33715
TITLE	SD <input type="checkbox"/> Delete
NAME	LOBIANCO, KAREN A
STREET ADDRESS	2061 OCEANVIEW DR
CITY-ST-ZIP	TIERRA VERDE FL 33715
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LoBianco, Kenneth A.
STREET ADDRESS	6211 Vista Verde Court
CITY-ST-ZIP	Gulfport, FL 33707
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Kenneth A. Lobianco* **REQUIRED** (727) 573-2211
Date Daytime Phone #
Kenneth A. Lobianco, Vice President

CR2E034 (10/02)