

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90052 025 \*\*\*150.00

**DOCUMENT # F01000005708**

1. Entity Name  
**PASTABILITIES...AND MORE INC.**

Principal Place of Business  
**2100 CARLTON DR.  
 ORLANDO FL 32806**

Mailing Address  
**2100 CARLTON DR.  
 ORLANDO FL 32806**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2139 Carlton Dr.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P O Box 568951**  
 Suite, Apt. #, etc.

City & State  
**Orlando, FLA**

City & State  
**Orlando, FLA**

Zip ~~32806~~ Country **U.S.** Zip **32856** Country **U.S.**

4. FEI Number **16-1575580** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**MEOLA, JAMES A**  
~~2100 CARLTON DR.~~  
**ORLANDO FL 32806**

7. Name and Address of New Registered Agent  
 Name **JAMES A. MEOLA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2139 Carlton Dr.**  
 City **Orlando** **FL** Zip Code **32806**

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 A. Meola - President* DATE **9/12/2002**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	PT	<input type="checkbox"/> Delete
NAME	MEOLA, JAMES A	
STREET ADDRESS	2100 CARLTON DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEBER, MARILYN	
STREET ADDRESS	PO BOX 906651	
CITY-ST-ZIP	MARGATE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEOLA, CARVIN A	
STREET ADDRESS	2100 CARLTON DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *James A. Meola - Pres.* DATE: **9/12/2002** DAYTIME PHONE #: **(407) 895-7087**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)