

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H71629

1. Entity Name

Cacioppo & Son of Florida, Inc.

Principal Place of Business  
1927 Coble Drive  
P.O. Box 5009  
Deltona, FL 32728-5009

Mailing Address  
1927 Coble Drive  
P.O. Box 15009ive  
Deltona, FL 32728-5009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
592566912

Applied For  
Not Applicable

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

Vita Formoso  
P.O. Box 5009  
1307 Normandy Blvd  
Deltona, FL 32738

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME Giacinto Formoso  
STREET ADDRESS P.O. Box 5009  
CITY-ST-ZIP Deltona, FL 32738

TITLE D/P ☒ Change ☐ Addition  
NAME Giacinto Formoso  
STREET ADDRESS P.O. Box 5009  
CITY-ST-ZIP Deltona, FL 32738

TITLE D/VP ☐ Delete  
NAME Vita Formoso  
STREET ADDRESS P.O. Box 5009  
CITY-ST-ZIP Deltona, FL 32738

TITLE D/VP/S/T ☒ Change ☐ Addition  
NAME Vita Formoso  
STREET ADDRESS P.O. Box 5009  
CITY-ST-ZIP Deltona, FL 32738

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition  
NAME Cory Orlando  
STREET ADDRESS P.O. Box 5009  
CITY-ST-ZIP Deltona, FL 32738

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Change ☒ Addition  
NAME Chuck Orlando  
STREET ADDRESS P.O. Box 5009  
CITY-ST-ZIP Deltona, FL 32738

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 APR 18 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-04/24/01--01094--001  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (1/00)