

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 14, 2000 8:00 am**
Secretary of State

02-14-2000 90015 019 ***150.00

DOCUMENT # J49447

1. Entity Name

J & J PRODUCE & DELI, INC.

Principal Place of Business

Mailing Address

**5435 U.S. 19
NEW PORT RICHEY FL 34652****5435 U.S. 19
NEW PORT RICHEY FL 34652****BU020832**

DO NOT WRITE IN THIS SPACE

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 **59-2764618**

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****PULLICINO, MARY
61 LEEWARD LANE
NEW PORT RICHEY FL 34652**

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P		<input type="checkbox"/> Delete		V.P.		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	PULLICINO, MARY	5215 LEEWARD LN			CONCETTA ARBUCCI	9731 SAN LORENZO WAY	
	NEW PT. RICHEY FL				PORT RICHEY FLORIDA	34668	
	ST		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PULLICINO, LINDA	18200 DELO BLOOM DRIVE					
	HUDSON FL 34667						
	VP		<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PULLICINO, JOSEPH	18200 DEW BLOOM					
	HUDSON FL						
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<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: *Linda Pullicino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)