

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90085 036 \*\*\*150.00

**DOCUMENT # K05837**

1. Entity Name  
**CAMPANELLI BROS. OF FLORIDA, INC.**



Principal Place of Business  
**C/O RICHARD W MORRISON  
P O BOX 11025  
FORT LAUDERDALE FL 33339**

Mailing Address  
**C/O RICHARD W MORRISON  
P O BOX 11025  
FORT LAUDERDALE FL 33339**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0020692**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**LEONARD, C. GLENN  
4875 N. FEDERAL  
HWY 10TH FL.  
FORT LAUDERDALE FL 33308**

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

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

(NOTE: Registered Agent 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DR	CAMPANELLI, ALFRED	4875 N. FEDERAL HIGHWAY	FORT LAUDERDALE FL				
DVS	CAMPANELLI, NICHOLAS	ONE CAMPANELLI DR	BRAINTREE MA				
DPT	CAMPANELLI, JOSEPH	4875 NORTH FEDERAL HIGHWAY	FORT LAUDERDALE FL				
VP	GULLA, DOMINIC	4875 NORTH FEDERAL HIGHWAY	FORT LAUDERDALE FL				
S	GULLA, DOMINIC	4875 NORTH FEDERAL HIGHWAY	FORT LAUDERDALE FL				

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:

**JOSEPH CAMPANELLI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph Campanelli**  
President

Date

Daytime Phone #

CR2E034 (10/02)