

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

017919
 AV

DOCUMENT # K14983

1. Entity Name

THE ITALIAN COURTYARD, INC.

03-13-2002 90042 008 ***150.00

Principal Place of Business

**350 W COCOA BEACH CAUSWAY
 COCOA BCH FL 32931**

Mailing Address

**350 W COCOA BEACH CAUSWAY
 COCOA BCH FL 32931**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2870389

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

**BIANCO, FRANCESCA
 825 SECOND STREET
 MERRITT ISLAND FL 32953**

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, 2002 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 **PST** ☐ Delete
 NAME **BIANCO, FRANCESCA**
 STREET ADDRESS **825 SECOND STREET**
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **DI PASQUALE, Francesca** ☒ Change ☐ Addition
 NAME **583 Jillobus St**
 STREET ADDRESS **Merritt Island FL 32952**
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **DI PASQUALE, DOMINICK**
 STREET ADDRESS **825 SECOND STREET**
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☒ Change ☐ Addition
 NAME **583 Jillobus St**
 STREET ADDRESS **Merritt Island FL 32952**
 CITY-ST-ZIP

TITLE ☐ Delete
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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: *Francesca B. DiPasquale* **2/27/02 324 4556443**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)