

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90183 049 ***150.00

DOCUMENT # K93984

1. Entity Name
BALDINI'S TORTELLINIS, INC.



Principal Place of Business
C/O ANTHONY A. BALDINI
560 SW BAY POINTE CIRCLE
PALM CITY FL 34990

Mailing Address
C/O ANTHONY A. BALDINI
560 SW BAY POINTE CIRCLE
PALM CITY FL 34990

30074001



2. Principal Place of Business
3491 SE FAIRWAY W
Suite, Apt. #, etc.

3. Mailing Address
3491 SE FAIRWAY W
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
STUART, FL
Zip
34997-6031

Country

City & State
STUART, FL
Zip
34997-6031

Country

4. FEI Number **NOT APPLICABLE**

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

BALDINI, ANTHONY A.
560 SW BAY POINTE CIRCLE
PALM CITY FL 34990

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: _____ (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
PT
BALDINI, ANTHONY A. ☐ Delete
560 SW BAY POINTE CIRCLE
PALM CITY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
3491 SE FAIRWAY WEST
STUART, FL 34997-6031

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
BALDINI, KAY S. ☐ Delete
560 SW BAY POINTE CIRCLE
PALM CITY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
3491 SE FAIRWAY WEST
STUART, FL 34997-6031

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: **X** **ANTHONY A. BALDINI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03
Date

Daytime Phone #

CR2E034 (10/02)