

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90102 006 ***150.00

DOCUMENT # K99189

1. Entity Name
GUSTO'S MANAGEMENT, INC.



Principal Place of Business
**411 E ATLANTIC AVE
DELRAY BEACH FL 33483
US**

Mailing Address
**411 E ATLANTIC AVE
DELRAY BEACH FL 33483
US**



2. Principal Place of Business

5700 N. OCEAN BLVD

3. Mailing Address

5700 N. OCEAN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OCEAN RIDGE, FL

City & State

City & State

OCEAN RIDGE, FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0130338

Applied For

Not Applicable

Zip
33435

Country
U.S.A.

Zip
33435

Country
U.S.A.

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

**BLACKWOOD THOMAS B
3046 S CONGRESS AVENUE
SUITE 205-B
BOCA RATON FL 33431**

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
**PST
GUTTUSO, JAMES E.
5700 N. OCEAN BLVD
OCEAN RIDGE FL 33435** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GUTTUSO, JAMES E.
5700 N. OCEAN BLVD
OCEAN RIDGE FL 3435** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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:

SIGNATURE OF JAMES E. GUTTUSO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03 561-716-0262
Date Daytime Phone #

CR2E034 (10/02)