

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000016696

FILED
Mar 27, 2003
Secretary of State

Entity Name: FIORELLO ENTERPRISES, LLC

Current Principal Place of Business:

10520 JULIANO DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

5431 NORTH 59TH STREET
TAMPA, FL 33610 US

Current Mailing Address:

P.O.BOX 3319
SARASOTA, FL 34230

New Mailing Address:

9403 ALANBROOKE STRET
TAMPA, FL 33637 US

FEI Number: 59-3749647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GEORGE V. FAMIGLIO JR, & ASSOCIATES
1634 MAIN STREET
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

FOLEY, PEGGY T MGRMBR
9403 ALANBROOKE ST.
TAMPA, FL 33637 US

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: PEGGY T. FOLEY

03/27/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FIORELLO, NICHOLAS
Address: 10520 JULIANO DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM (X) Delete
Name: FIORELLO, KATHLEEN G
Address: 10520 JULIANO DRIVE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FOLEY, PEGGY T
Address: 9403 ALANBROOKE ST.
City-St-Zip: TAMPA, FL 33637 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PEGGY T. FOLEY

MGMR

03/27/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date