

2001 UNIFORM BUSINESS REPORT (UBR)

00202021 AF

DOCUMENT # L97000000495

1. Entity Name
PEPPINO ART CREATIONS LIMITED COMPANY

FILED

01 FEB 15 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4112 VALLARTA COURT
SARASOTA FL 34233

Mailing Address
4112 VALLARTA COURT
SARASOTA FL 34233

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3445551

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CITRANELLI, ROBERT S
4112 VALLARTA COURT
SARASOTA FL 34233

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MEM SCHIEDER, ROBERT E
STREET ADDRESS 4112 VALLARTA COURT
CITY-ST-ZIP SARASOTA FL 34233

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 200003708552--7
-02/19/01-01004-038
*****55.00 *****55.00

TITLE NAME ☐ Delete
MEM CITRANELLI, ROBERT S
STREET ADDRESS 4112 VALLARTA COURT
CITY-ST-ZIP SARASOTA FL 34233

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

TITLE NAME ☐ Delete
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my 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.

ROBERT S. CITRANELLI PRES.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-13-01 (941) 378-8585
Date Daytime Phone #

CR2E083 (11/00)