

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M09500

1. Entity Name

ARMELLINI INDUSTRIES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90417 011 ***158.75

Principal Place of Business Mailing Address
3446 SW ARMELLINI AVE 3446 SW ARMELLINI AVE
P.O BOX 678 P.O BOX 678
PALM CITY FL 34990 PALM CITY FL 34990-8129

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2492304 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NICHOLASON, JOHN J.
3446 SW ARMELLINI AVE.
PALM CITY FL 34990

7. Name and Address of New Registered Agent

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, 2000 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

TITLE	CD	<input type="checkbox"/> Delete
NAME	ARMELLINI, JULIO	
STREET ADDRESS	541 S.W. FALCON ST.	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARMELLINI, SARAH	
STREET ADDRESS	541 S.W. FALCON ST.	
CITY-ST-ZIP	PALM CITY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ARMELLINI, RICHARD	
STREET ADDRESS	2453 PROVENCE CIRCLE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARMELLINI, DAVID	
STREET ADDRESS	2905 SW GULL HARBOR LAND	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NICHOLASON, JOHN J.	
STREET ADDRESS	1149 SW HOGAN ST	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARMELLINI, STEPHEN	
STREET ADDRESS	6820 APPALOOSA TRAIL	
CITY-ST-ZIP	FT LAUDERDALE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

John J. Nicholason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

561-287-0525 x1857

Daytime Phone #

CR2E034 (9/99)