

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90109 030 \*\*\*158.75

**DOCUMENT # M09500**

1. Entity Name  
**ARMELLINI INDUSTRIES, INC.**



Principal Place of Business  
**3446 SW ARMELLINI AVE**  
**P.O. BOX 678**  
**PALM CITY FL 34990**

Mailing Address  
**3446 SW ARMELLINI AVE**  
**P.O. BOX 678**  
**PALM CITY FL 34990**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NICHOLASON, JOHN J.**  
**3446 SW ARMELLINI AVE.**  
**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

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 **CD** ☐ Delete  
NAME **ARMELLINI, JULIO**  
STREET ADDRESS **541 S.W. FALCON ST.**  
CITY-ST-ZIP **PALM CITY FL**

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

TITLE **VD** ☐ Delete  
NAME **ARMELLINI, SARAH**  
STREET ADDRESS **541 S.W. FALCON ST.**  
CITY-ST-ZIP **PALM CITY FL**

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

TITLE **PD** ☐ Delete  
NAME **ARMELLINI, RICHARD**  
STREET ADDRESS **2453 PROVENCE CIRCLE**  
CITY-ST-ZIP **WESTON FL 33327**

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

TITLE **VD** ☐ Delete  
NAME **ARMELLINI, DAVID**  
STREET ADDRESS **2905 SW GULL HARBOR LAND**  
CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE **STD** ☐ Delete  
NAME **NICHOLASON, JOHN J.**  
STREET ADDRESS **1149 SW HOGAN ST**  
CITY-ST-ZIP **PT ST LUCIE FL**

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

TITLE **VD** ☐ Delete  
NAME **ARMELLINI, STEPHEN**  
STREET ADDRESS **10510 PARIS STREET**  
CITY-ST-ZIP **COOPER CITY FL 33026**

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/06/03 772-287-0575**

CR2E034 (10/02)

ATTACHMENT

10034572  
MO9500

ARMELLINI INDUSTRIES, INC.

P. O. BOX 678

PALM CITY, FLORIDA 34991

FEI #59-2492304

STATE OF FLORIDA ANNUAL CORPORATION REPORT 2003

V	Drury, Jeffrey	1658 S.E. Gainswood Port St. Lucie, FL 34952
V	Merritt, James	10410 S. Ocean Drive, #1007 Jensen Beach, FL 34957
V	Dusharm, Judith	1230 SW Dyer Point Road Palm City, FL 34990