

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90051 013 ****61.25

DOCUMENT # N02000000936



1. Entity Name
DI FRATELLI, INC.

Principal Place of Business

**8164 TEDBURN PARK
SPRING HILL FL 34606**

Mailing Address

**8164 TEDBURN PARK
SPRING HILL FL 34606**

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

61-1406579

Applied For

Not Applicable

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

**GESSELLI, EUGENE
8164 TEDBURN PARK
SPRING HILL FL 34606**

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DP EUGENE GESSELLI
STREET ADDRESS	8164 TEDBURN PARK
CITY-ST-ZIP	SPRING HILL, FL. 34606
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DT CAROLANN LICATA
STREET ADDRESS	8175 WINDING OAK LANE
CITY-ST-ZIP	SPRING HILL, FL. 34606
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DS ANNETTE GESSELLI
STREET ADDRESS	8164 TEDBURN PARK
CITY-ST-ZIP	SPRING HILL, FL. 34606
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DC FRANCIS A. COLLETTI
STREET ADDRESS	1418 VALIANT AVE
CITY-ST-ZIP	SPRING HILL, FL. 34608
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

ANNETTE GESSELLI

April 1, 2003 - 352-596-9456

CR2E037 (10/02)