

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004843

1. Entity Name

ANN'S RESTORATION HOUSE, INC.

Principal Place of Business

599 CAROLINA AVE.
FT. MYERS FL 33905

Mailing Address

599 CAROLINA AVE.
FT. MYERS FL 33905

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

65-0958295

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

CARDINALE, VITO
599 CAROLINA AVE.
FT. MYERS FL 33905

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CACT
CARDINALE, VITO
599 CAROLINA AVE.
FT. MYERS FL 33905 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DOS
FLAMMIA, NANCY
18050 OTTER WATER WAY
ALVA FL 33920 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARDINALE, ANNMARIE
599 CAROLINA AVE.
FT. MYERS FL 33905 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DOT
PUCKETT, BARBARA
20231 S.R. 31
N. FT. MYERS FL 33917 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BERTINO, ELIZABETH
5364 NE 3RD TERR.
FT. LAUDERDALE FL 33334 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARR, BILL
7712 EBSON DR
N. FT. MYERS FL 33917 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DOS
AILANT, SHERRY
19631 PINE ECHO RD
N FORT MYERS FL 33917 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAGATTUTA, RON
610 SE 46th ST.
CAPE CORAL FL 33904 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AILANT, ED
19631 PINE ECHO RD
N FORT MYERS FL 33917 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROWN, RUSS
3069 ROCK CREEK DR
PORT CHARLOTTE FL 33948 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HORGAN, BILL
1105 SE 16TH TERRACE
CAPE CORAL FL 33990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
CARDINALE, VITO
599 CAROLINA AVE
FT MYERS FL 33905 ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-02 239-694-0877

CR2E037 (9/01)