

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-14-2003 90065 050 ***150.00

DOCUMENT # P00000011873

1. Entity Name
CAPA ITALIAN DELICACIES, INC.



Principal Place of Business
10839 ULMERTON RD
LARGO FL 33778

Mailing Address
10839 ULMERTON RD
LARGO FL 33778



2. Principal Place of Business

3. Mailing Address
12100 SEMINOLE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Largo FL

Zip

Country

Zip
33778

Country
USA

4. FEI Number 59-3621986

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

PALMA, ROSEMARIE
10502 102 AVE N
SEMINOLE FL 33778

7. Name and Address of New Registered Agent

Name **Palma, Rosemarie**
Street Address (P.O. Box Number is Not Acceptable)
10802 102 AVE N
City **Largo** FL **33778**

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

TITLE **PT** ☐ Delete
NAME **PALMA, ROSEMARIE**
STREET ADDRESS **10802 102ND AVENUE N**
CITY-ST-ZIP **SEMINOLE FL 33778**

TITLE **VP** ☐ Delete
NAME **PALMA, ANTHONY M**
STREET ADDRESS **10802 102 AVE N**
CITY-ST-ZIP **SEMINOLE FL 33778**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)