2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P0000010678

DOCUMENT #



FILED
Mar 19, 2003 8:00 am §
Secretary of State

1. Entity Name RIZZUTO'S, INC.					03-19-2003 90177 046 ***150.00			
Principal Place of Business 8500 THOMAS DRIVE PANAMA CITY BEACH FL 32408			Mailing Address 1021 WEST PARK ST. PANAMA CITY FL 32404					
2. Principal F			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
PANAMA CITY FL			City & State			4. FEI Number 59-3630143 Applied For Not Applicable	7	
7 Zip Country USA			Zip			5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name	and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent]	
4551.554				Nan	ne			
9108 FRO	um, stevei Int beach	ROAD	Street Address		et Address (F	P.O. Box Number is Not Acceptable)		
PANAMA	CITY BEAC	H FL 32407		City	***	□ Zip Code	}	
8. The above	named entity	y submits this statement tered agent.	or the purpose of changing its	registered offic	e or registere	ed agent, or both, in the State of Florida. I am familiar with, and accept	$\frac{1}{1}$	
NATURE .		or printed name of registered agen	f and title if continuous (NOTE)	: Registered Agent s				
After	ILE NOW!! r May 1, 200	I FEE IS \$150.00 I3 Fee will be \$550.00 Florida Department of		. Togulator Aguit 3	syriaciju radineg (9. Election Campaign Financing Trust Fund Contribution. DATE \$5.00 May Be Added to Fees]	
10.	-	OFFICERS AND		H 14		ADDITIONS OF AND DESCRIPTION A	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIZZUTO, 1021 WES PANAMA (Delete	11. TITLE NAME STREET ADDRE	ESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition	100,00,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ينابيت المحد والمناسبات	☐ Delete	TITLE NAME STREET ADDRE	SSS	Change Addition	1000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRE	SS	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS	☐ Change ☐ Addition .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		☐ Change ☐ Addition		
14. Luereny Cr	eruiv mat me	information supplied with	this filing does not qualify for t	ha avamation	etated in Cont	tion 110 07/0V// Clasida Otabasa 1 5 observed Challenger Control Control		

indicated on this report or 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: