8/31/01-90112-02

FILED
Sep 19, 2001 8:00 am
Secretary of State
08-31-2001 90112 022 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035148

1. Entity Name
CICCIO'S OF CARROLLWOOD, INC.

Principal Place of Business	Mailing Address
1015 S. HOWARD AVE. TAMPA FL 33606	1015 S. HOWARD AVE. TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14360 N. Dale Mabry Hwy	14360 N. Dale Mabry Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa Florida
Zip: 33618 Country: USA	Zip: 33618 Country: USA

4. FEI Number 59-3644417 ☐ 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
LANZA, JAMES 1015 S. HOWARD AVE. TAMPA FL 33606	Name: James Lanza Street Address (P.O. Box Number Is Not Acceptable): 14360 N. Dale Mabry Hwy City: Tampa FL Zip Code: 33618

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: James Lanza President 5-1-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Jeff Gigante, 1015 S. Howard Ave, Tampa FL 33606, Vice-President ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: James Lanza, 14360 N. Dale Mabry, Tampa FL 33618, President ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Lanza James Lanza 5-1-01 813 269 1425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #