2001 UNIFORM BUSINESS REPORT (URB)

FILED May 27, 2002 8:00 am Secretary of State

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DOCU	JMENT# P00000039	590			05-27-2002 90	-
1. Entity N	r 00000039	209	\checkmark	1		
ITALIAN	GATOR, INC.			1		
Principal Pla 1728 W.	ace of Business UNIVERSITY AVENUE #A	Mailing Address SAME				
GAINSVI 32603	LLE , FL					
	I Place of Business	19 14-15- 4 11				
	UNIVERSITY AVENUE	3. Mailing Address				
	pt. #, etc.	Suite, Apt. #, etc.		DO I	NOT WRITE IN THIS SPA	ACE
#A	1 .				vitare at tries of	NOL.
City & SI GA <u>!N</u> SVII	↓ _:	City & State		4. FEI Number		Applied For
Zip	Country	Zip	0	65-1002019		Not Applicable
32603	ALACHUA		Country	5. Certificate of Sta	tus Desired \$8.75	Additional
毕	6. Name and Address of Current	Registered Agent	'	7. Name and Address	Fee Req s of New Registered Age	uired
			Name		o or new vehicleig Ya	
	H GRUSHOFF	<u> </u>				
)45U NW	33RD AVENUE, STE. 111		Street Add	ress (P.O. Box Number is No	ot Acceptable)	
i. LAUD	ERDALE, FL. 33309		<u> </u>			
			İ		•	
			City			
			Oity		FL zi	p Code
	e named entity submits this statemer	d for the many				
. The abov		it for the purbose of cha	naina its registered of	fire or registered agent or h		
		it for the purpose of cha	nging its registered of	ffice or registered agent, or b	oth, in the State of Florida	a.
I THE ADOV	1			•	_	a.
IGNATURE	Signature, typed or printed name of regions	stered agent and title if app	icable. (NOTE: Regi	ffice or registered agent, or b	_	a. Date
GNATURE	Signature, typed or printed name of regionation is eligible to satisfy its Intan-	stered agent and title if app	icable. (NOTE: Regi	stered Agent signature required v	when reinstating)	
GNATURE This corp	Signature, typed or printed name of regionation is eligible to satisfy its Intan- filing requirement and elects to do so	FILE NO	icable. (NOTE: Regi MIII FEE IS \$150.00 1000 Fee Will be \$550	stered Agent signature required \(\) 10. Election Cam 2.00 Trust Fund C	when reinstating)	Date
GNATURE This corp	Signature, typed or printed name of regionation is eligible to satisfy its Intan- filing requirement and elects to do so ria on back)	FILE NO After MAY:1; Make Check Pays	icable. (NOTE: Regi MIII FEE IS \$150.00 1900 Fee will be \$550 ble to Department o	stered Agent signature required value of the control of the contro	when reinstating) paign Financing contribution. May Bo	Date \$5.00 Added to Fees
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Information tridicated on this report of supplemental report is true and accurate and trial trip signature shall have the same regarded as it made under dath, made in a first supplemental 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:-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR