FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90444 004 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039589

1. Entity Name
ITALIAN GATOR, INC.

Principal Place of Business	Mailing Address
1728 W. UNIVERSITY AVENUE #A GAINSVILLE , FL 32603	SAME

2. Principal Place of Business	3. Mailing Address
1728 W. UNIVERSITY AVENUE	
Suite, Apt. #, etc.: #A	Suite, Apt. #, etc.:
City & State: GAINSVILLE, FL.	City & State:
Zip: 32603 / Country: ALACHUA	Zip: / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1002019 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KENNETH GRUSHOFF
5450 NW 33RD AVENUE, STE. 111
FT. LAUDERDALE, FL. 33309

7. Name and Address of New Registered Agent
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

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, 2000 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	PRESIDENT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOEL MILLS		NAME		
STREET ADDRESS	5450 NW 33RD AVE., STE 111		STREET ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE, FL. 33309		CITY - ST - ZIP		
TITLE	VICE PRESIDENT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PETER LICATA		NAME		
STREET ADDRESS	5450 NW 33RD AVE. STE. 111		STREET ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE, FL. 33309		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

CR2E034 (9/99)

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date