

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90635 030 ***150.00

DOCUMENT # P00000039952

1. Entity Name
J. TARABOCCHIA ENTERPRISES, INC.



Principal Place of Business
ROSIES GOURMET DELI
506 2519 MCMULLEN BOOTH ROAD
CLEARWATER FL 33761

Mailing Address
266 KATHERINE BLVD. #7211
PALM HARBOR FL 34684



2. Principal Place of Business

3. Mailing Address
2216 TULIP TREE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CLEARWATER FL.

4. FEI Number **59-3641874**

Applied For
Not Applicable

Zip

Country

Zip

Country

33763 USA

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TARABOCCHIA, JOHN
266 KATHERINE BLVD., #7211
PALM HARBOR FL 34684

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D TARABOCCHIA, JOHN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	266 KATHERINE BLVD., #7211		
	PALM HARBOR FL 34684		
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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: **John Tarabocchia**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 (721) 99-0442
Date Daytime Phone #

CR2E034 (10/02)