

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90355 030 ***158.75

DOCUMENT # P00000063304

1. Entity Name
GOURMETO'S, INC.

Principal Place of Business
8216 WORLD CENTER DR
SUITE C
ORLANDO FL 32821

Mailing Address
P O BOX 354521
PALM COAST FL 32135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

14504 GLOBAL CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2304

City & State

City & State
ORLANDO, FL

4. FEI Number 59-3679653

Applied For

Not Applicable

Zip

Country

Zip

Country **USA**

32821

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

CAPPETTA, JOSEPH JR
4 WESTLYN PLACE
PALM COAST FL 32164

Name **Joseph CAPPETTA JR**
 Street Address (P.O. Box Number is Not Acceptable)
14504 GLOBAL CIR.
2304
 City **Orlando** **FL** Zip Code **32821**

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 Joseph Cappetta Jr Joseph Cappetta Jr 3.14.02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CAPPETTA, JOSEPH JR	
STREET ADDRESS	4 WESTLYN PLACE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAPPETTA, TONI L	
STREET ADDRESS	4 WESTLYN PLACE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph CAPPETTA JR	
STREET ADDRESS	14504 Global Cir #2304	
CITY-ST-ZIP	Orlando, FL 32821	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Toni L. CAPPETTA	
STREET ADDRESS	14504 Global Cir. #2304	
CITY-ST-ZIP	Orlando FL 32821	
TITLE	Bruce Alan Moss	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Alan Moss	
STREET ADDRESS	8902 Lake MABEL Dr.	
CITY-ST-ZIP	Orlando, FL 32836	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Joseph L. Cappetta Toni L. CAPPETTA 3.14.02 407 477-7990
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)