

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90038 016 ***158.75

0643698 AT

DOCUMENT # P00000063304

1. Entity Name
GOURMETO'S, INC.



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

Mailing Address
**PO BOX 137001
CLERMONT FL 34713**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3679653**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CAPPETTA, JOSEPH JR
14504 GLOBAL CIRCLE
2304
ORLANDO FL 32821**

7. Name and Address of New Registered Agent

Name **Cappetta, Joseph Jr.**
Street Address (R.O. Box Number is Not Acceptable) **1113 Clear creek circle**
City **Clermont** FL Zip Code **34711**

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 **Joseph Cappetta Jr** Director, **Joseph Cappetta Jr** 4.17.2003
(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

TITLE & NAME	D CAPPETTA, JOSEPH JR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	14504 GLOBAL CIRCLE # 2304	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE & NAME	S CAPPETTA, TONI L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	14504 GLOBAL CIRCLE # 2304	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE & NAME	V MOSS, BRUCE A	<input type="checkbox"/> Delete
STREET ADDRESS	8802 LAKE MABEL DR	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE & NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE & NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE & NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE & NAME	D Cappetta, Joseph Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1113 Clear creek circle	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE & NAME	S Cappetta, Toni L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1113 Clear creek circle	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE & NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE & NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE & NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: **Joseph Cappetta Jr** Director, **Joseph Cappetta Jr** 4.17.2003 (407)465-1818
(Signature, typed or printed name of signing officer or director Date Daytime Phone #)

CR2E034 (10/02)