

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90032 026 ***550.00

DOCUMENT # P00000063885

1. Entity Name
TUTTO A POSTO, INC.

Principal Place of Business
**261 PONTE VEDRA PARK DRIVE
 PONTE VEDRA BEACH FL 32082**

Mailing Address
**261 PONTE VEDRA PARK DRIVE
 PONTE VEDRA BEACH FL 32082**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
~~261~~ **4765 Hodges Blvd.**

3. Mailing Address
4765 Hodges Blvd.

Suite, Apt. #, etc.
Suite 7

Suite, Apt. #, etc.
Suite 7

City & State
Jacksonville Fl.

City & State
Jacksonville Fl.

4. FEI Number
59-3667432

Applied For
 Not Applicable

Zip
32224

Country
Duval

Zip
32224

Country
Duval

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

6. Name and Address of Current Registered Agent

**RECUPITO, GIOVANNI
 261 PONTE VEDRA PARK DRIVE
 PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

Name **4765 Hodges Blvd. Suite 7**
 Street Address (P.O. Box Number is Not Acceptable)
Jacksonville, Fl. 32224
 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 **Tim R. Boyd**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RECUPITO, GIOVANNI 261 PONTE VEDRA PARK DRIVE PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Daytime Phone #

9/10/01

CR2E034 (5/01)