FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Jan 17, 2003 8:00 am Secretary of State **DOCUMENT #** P00000082438 1. Entity Name 01-17-2003 90090 002 ***150.00 ROMEO ITALIAN RESTAURANT, INC. Principal Place of Business Mailing Address 1303 E US HWY 60 1303 E US HWY 60 90004899 LAKE WALES FL 33853 LAKE WALES FL 33853 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2720708 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---Name RAPONI, ROMEO Street Address (P.O. Box Number is Not Acceptable) 1303 E US HWY 60 LAKE WALES FL 33853 City 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 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, 2008 Fee will be \$550.00 9. Election.Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSTD Delete TITLE Change Addition-RAPONI, ROMEO NAME NAME STREET ADDRESS 1303 E US HWY 60 STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 aparthat my ignature 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 director of the corporation of the corpo

SIGNATURE:

OFFICER OR DIRECTOR

Date

Davtime Phone #