FILED
Jul 30, 2002 8:00 am
Secretary of State
07-22-2002 90159 041 ***150.00

[redacted] 40166

DO NOT WRITE IN THIS SPACE

2002 UNIFORM ... R)

DOCUMENT # P01000003898

Name
S DELI & PIZZA, INC. P01000003898
Gino's Deli & Pizza, Inc.

Principal Place of Business
1705 HENDRICKS AVE
JACKSONVILLE FL 32207

Mailing Address
1705 HENDRICKS AVE
JACKSONVILLE FL 32207

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-3691726 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
ALONSO, JORGE
9714-121ST ST N
SEMINOLE FL 33772

7. Name and Address of New Registered Agent
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

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 13, 2002 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	D	
NAME	BERTONI, GINO	☐ Delete
STREET ADDRESS	1515 BROOKWOOD RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	
NAME	HARTMAN, SHAWN	☒ Delete
STREET ADDRESS	1966 FISHERMENS BEND	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	
NAME	BERTONI, STEPHEN	☒ Delete
STREET ADDRESS	1916 PEPPERTREE DR	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	
NAME	BERTONI, ROBERT	☒ Delete
STREET ADDRESS	3507 GREENGLEN CIR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		
NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		☐ Change ☐ Addition
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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-02
Date

904 535-7191
Daytime Phone #

CR2E034 (4/02)

Attachment
DH P010000038 8.
40166

7/17/02

This was our First Notice.
we included 150.00 check
Thank You,

Steve Bertoni
(904-398-4425)