

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000065788

1. Entity Name  
CRISCI'S ITALIAN RESTAURANT, INC.



**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90052 013 \*\*\*150.00

116031 AV

Principal Place of Business  
889 PINE MEADOWS ROAD  
ORLANDO FL 32825-8076

Mailing Address  
889 PINE MEADOWS ROAD  
ORLANDO FL 32825-8076

2. Principal Place of Business  
2642 MAGUIRE ROAD  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
OCFEE, FLORIDA

City & State

4. FEI Number 59-3733051

Applied For  
Not Applicable

Zip  
34761

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

MUCCIOLO, JOSEPH  
889 PINE MEADOWS ROAD  
ORLANDO FL 32825-8076

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

**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

TITLE PD ☐ Delete  
NAME MUCCIOLO, JOSEPH  
STREET ADDRESS 889 PINE MEADOWS ROAD  
CITY-ST-ZIP ORLANDO FL 32825-8076

TITLE VPD ☐ Delete  
NAME MUCCIOLO, ROSEANNE  
STREET ADDRESS 889 PINE MEADOWS ROAD  
CITY-ST-ZIP ORLANDO FL 32825-8076

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Roseanne Muccio* **ROSEANNE MUCCIOLO** 3-2-03 407-732-0507  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment  
90133737  
PO1060065788

5-7-03

Florida Dept. of State

My check was never received and  
I was advised by telephone today  
to send a copy of my paper, re-sign  
and send a new check in the  
amount of 150.<sup>00</sup>. Thank you  
for your help.

Sincerely  
Roseanne Muscillo  
407-737-0507