

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

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90737 007 \*\*\*150.00

**DOCUMENT #** P01000069333

**1. Entity Name**

THE MADDO ITALIAN Deli inc

**DO NOT WRITE IN THIS SPACE**

80123392

**2. Principal Place of Business**

1261-C South Fort Harrison

**3. Mailing Address**

1261-C S Fort Harrison Ave

Suite, Apt. #, etc.

Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Clearwater FL

**City & State**

Clearwater FL

**4. FEI Number**

59-3731174

**Applied For**

☐ Not Applicable

**Zip**

33756

**Country**

USA

**Zip**

33756

**Country**

USA

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

John Centonze

**Street Address (P.O. Box Number is Not Acceptable)**

1261-C South Fort Harrison Ave

**City**

Clearwater

**FL**

**Zip Code**

33756

**DO NOT WRITE  
IN THIS SPACE**

**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**

John Centonze

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-22-02

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)** ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

<b>TITLE</b>	<u>PO</u>
<b>NAME</b>	<u>John Centonze</u>
<b>STREET ADDRESS</b>	<u>1261-C South Fort Harrison Ave</u>
<b>CITY - ST - ZIP</b>	<u>Clearwater FL 33756</u>
<b>TITLE</b>	<u>SO</u>
<b>NAME</b>	<u>Jodi Centonze</u>
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<u>SD</u>
<b>NAME</b>	<u>Gloria Centonze</u>
<b>STREET ADDRESS</b>	<u>1261-C South Fort Harrison Ave</u>
<b>CITY - ST - ZIP</b>	<u>Clearwater FL 33756</u>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Centonze

5-22-02

Date

727-466-0109

Daytime Phone #

CR2E034B (12/01)