

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91191 019 ***150.00

DOCUMENT # P01000092296

1. Entity Name

VITO'S MULBERRY STREET, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4185 MARINER BLVD.

Suite, Apt. #, etc.

3. Mailing Address

6085 NEWMARK STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SPRING HILL, FL 34609

Zip

Country

City & State
SPRING HILL FL 34606

Zip

Country

4. FEI Number
65-1149102

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
STANCANELLI, VITO

Street Address (P.O. Box Number is Not Acceptable)
4185 MARINER BLVD.

City
SPRING HILL

FL

Zip Code
34609

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 x *Vito Stancanelli*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE x 4/30/02

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP				
D/P/S	STANCANELLI, VITO	6085 NEWMARK STREET	SPRING HILL FL 34606				
D/T	STANCANELLI, ROSEANNE	6085 NEWMARK STREET	SPRING HILL FL 34606				
DO NOT WRITE 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: x *Vito Stancanelli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VITO STANCANELLI

DATE x 4/30/02

Daytime Phone #