

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000109850

FILED  
Apr 25, 2003  
Secretary of State

**Entity Name:** BELLABUCCI INNOVATIONS, INC.

**Current Principal Place of Business:**

20 S BROAD STREET  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

20 S BROAD STREET  
BROOKSVILLE, FL 34601

**New Mailing Address:**

**FEI Number:** 59-3756370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORIDA & OFFSHORE BUSINESS FORMATION, INC  
20 S BROAD STREET  
BROOKSVILLE, FL 34601 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OLIVERA, EDMUND  
Address: 20 S BROAD STREET  
City-St-Zip: BROOKSVILLE, FL 34601

Title: VD ( ) Delete  
Name: BUCCELLATO, MICHELE  
Address: 20 S BROAD STREET  
City-St-Zip: BROOKSVILLE, FL 34601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDMUND OLIVERA

PD

04/25/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date