

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91183 034 \*\*\*150.00

**DOCUMENT # P02000038792**

**1. Entity Name**  
**PEPPER'S GOURMET FOODS, INC.**



**Principal Place of Business**  
**4165 CORPORATE SQUARE**  
**NAPLES FL 34104**

**Mailing Address**  
**1500 COLONIAL BOULEVARD**  
**SUITE 103**  
**FORT MYERS FL 33907**



**2. Principal Place of Business**

**3. Mailing Address**

**4165 CORPORATE SQ**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**NAPLES, FL**

Zip

Country

Zip

**34104**

Country

**USA**

**4. FEI Number**

**46-0476677**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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

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

**MILLIGAN, JOHN P JR.**  
**1500 COLONIAL BOULEVARD**  
**SUITE 103**  
**FORT MYERS FL 33907**

Name

**CURTIS CAFISO**

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

**4165 CORPORATE SQ**

City

**NAPLES**

FL

Zip Code

**34104**

**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]*

**CURTIS CAFISO**

**4/18/03**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHULTZ, ALFRED</b>	
STREET ADDRESS	<b>4165 CORPORATE SQUARE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAFISO, CURTIS</b>	
STREET ADDRESS	<b>1102 DUNBARTON TRACE</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30319</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BORSANI, MARY</b>	
STREET ADDRESS	<b>1102 DUNBARTON TRACE</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30319</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

*[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/18/03**

Date

**239 643-2008**

Daytime Phone #

CR2E034 (10/02)