


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90469 005 ***150.00

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DOCUMENT # P02000045665	
1. Entity Name VA' PENSIERO, INC.	

Principal Place of Business 2532 CONSTITUTION BLVD SARASOTA FL 34231	Mailing Address 2532 CONSTITUTION BLVD SARASOTA FL 34231
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2. Principal Place of Business 4511 GROVELAND AVE	3. Mailing Address 4511 GROVELAND AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State SARASOTA, FL	City & State SARASOTA, FL	4. FEI Number 03-043490	Applied For <input type="checkbox"/> Not Applicable
Zip 34231	Country USA	Zip 34231	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WRISTON, SUSANN M 2532 CONSTITUTION BLVD SARASOTA FL 34231	7. Name and Address of New Registered Agent Name WRISTON, SUSANNA M Street Address (P.O. Box Number is Not Acceptable) 4511 GROVELAND AVE City SARASOTA FL Zip Code 34231
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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 *Susanna M. Wriston*

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

(NOTE: Registered Agent signature required when reinstating)

4/22/03

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 NAME STREET ADDRESS CITY-ST-ZIP	D WRISTON, SUSANNA M 2532 CONSTITUTION BLVD SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAOLO DE LUCIA 4511 GROVELAND AVE SARASOTA, FL 34231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRISTON, SUSANNA 4511 GROVELAND AVE SARASOTA, FL 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Susanna M. Wriston* 4/22/03 941-926-149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)