

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 91203 026 \*\*\*150.00

**DOCUMENT # P02000083613**

1. Entity Name  
**A & N ITALIAN DELI, INC.**



Principal Place of Business  
**17965 US 19 NORTH  
CLEARWATER FL 33764**

Mailing Address  
**17965 US 19 NORTH  
CLEARWATER FL 33764**

2. Principal Place of Business  
**17956 US 19 N**  
Suite, Apt. #, etc.

3. Mailing Address  
**17956 US 19 N**  
Suite, Apt. #, etc.

City & State  
**CLEARWATER FL**  
Zip  
**33764** Country  
**FLORIDA**

City & State  
**CLEARWATER, FL**  
Zip  
**33764** Country  
**FLORIDA**

4. FEI Number  
**41-2053295**

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**

**HAIR, STEVEN W ESQ.  
2790 SUNSET POINT RD  
CLEARWATER FL 33759**

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

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_ (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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>NORZIATA BOWERS</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>NORZIATA BOWERS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>17956 US 19 N.</b> <b>CLEARWATER, FL 33764</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY/TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NORZIATA BOWERS</b> <b>17956 US 19 N</b> <b>CLEARWATER, FL 33764</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **NORZIATA BOWERS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # **727-531-6371**

CR2E034 (10/02)