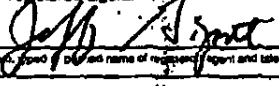


FILED
Jun 16, 2003 8:00 am
Secretary of State

05-05-2003 91148 022 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000096402			
1. Entity Name FAST CICCIO, INC. 190 37th Ave N. St. Petersburg, FL. 33704			
Principal Place of Business 1015 S. HOWARD AVE. TAMPA FL 33606		Mailing Address 1015 S. HOWARD AVE. TAMPA FL 33606	
2. Principal Place of Business 190 37th AVE N.E.		3. Mailing Address ← Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST Pete, FL		City & State	
Zip 33704	Country USA	Zip	Country
4. FEI Number 300119148		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIGANTE, JEFF 1015 S. HOWARD AVE. TAMPA FL 33606		7. Name and Address of New Registered Agent Name JEFF GIGANTE Street Address (P.O. Box Number is Not Acceptable) 190 37th AVE N.E. City ST. Pete FL Zip Code 33704	
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  DATE 4/30/03 (NOTE: Registered Agent signature required when reappointing)			
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	PRES. JAMES LAMIA 50 ADRIAN AVE Tampa, FL 33606 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.PRES. Jeff Gigante 324 Bayshore Blvd #321 Tampa, FL 33606 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		4/30/03 813-610-5016 Date Date Phone #	