2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000122018 **DOCUMENT #**

1. Entity Name

ANGELINO'S PIZZERIA, INC.



FILED May 14, 2003 8:00 am Secretary of State

05-14-2003 90138 017 ***150.00

Principal Place of Business 992 TAMIAMI TR PT CHARLOTTE FL 33953		Mailing Address 992 TAMIAMI TR PT CHARLOTTE FL 33953					
2. Principal Place of Business		3. Mailing Address			-	<u> </u>	11111
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 75 3/02477	Applied Not Appl	
Zip	Country	Zip Coun		try	5. Certificate of Status Desired	\$8.75 Additional Fee Required	, {
	Registered Agent			7. Name and Address of New Registered Agent			
GALBRAITH, CHERYL				Name			
7734 36 L			Street Address		(P.O. Box Number is Not Acceptable)		
SARASOTA FL 34243							
			II.	City		FL Zip Code	
	named entity submits this statement for ions of registered agent.	or the purpose of changing	its registere	ed office or register	ed agent, or both, in the State of Florid	a. I am familiar with, and a	ccept
ine obligat	ions of registered gent.	M. Mata			∞	אר רל ב	5
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registered	d Agent signature required	when reinstating)	ug 12, 2803	-
F	LE NOW!!! FEE IS \$150.00	/			9. Election Campaign Finance	oing #5.00	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Trust Fund Contribution.	sing \$5.00 Ma Added to Fe	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 1	1
TITLE	P	☐ Delete	TITLE	:			Addition
NAME STREET ADDRESS	DOTY, CAROLE 3321 RAMBLEWOOD CT		NAME STRE	E - ET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34237			-ST-ZIP			1
TITLE	V	☐ Delete	TITLE	: "		Change A	Addition
NAME STREET ADDRESS	THOMPSON, REGINA 3313 ZORATOA AVE		NAME	E Et address			- 1
CITY-ST-ZIP	NORTHPORT FL 34286			-ST-ZIP			ļ
TITLE	T	☐ Delete	TITLE	ſ		☐ Change ☐ A	Addition
NAME STREET ADDRESS	Galbraith, Cheryl 7734 36 ln e		NAME STREE	E Et address			
CITY-ST-ZIP	SARASOTA FL 34243			-\$T-ZIP			}
TITLE	S	☐ Delete	TITLE	:		☐ Change ☐ A	Addition
NAME STREET ADDRESS	THOMPSON, DAVE > 3313 ZORATOA AVE		NAME				1
CITY-ST-ZIP	NORTHPORT FL 34286			ET ADDRESS - ST- ZIP			
TITLE		☐ Delete	TITLE	-		☐ Change ☐ A	Addition
NAME			NAME				}
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP			}
TITLE		☐ Delete	TITLE			☐ Change ☐ A	Addition
NAME			NAME				{
STREET ADDRESS CITY-ST-ZIP			B	ET ADDRESS - ST- ZIP			1
	<u> </u>						

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. 941-355-3226

SIGNATURE:

Daytime Phone #

#7020012012

ANGELINO'S PIZZERIA, INC. 992 Tamiami Trail PT Charlotte, FL 33953

TO: FL Department of State

May 12, 2003

FROM: Angelino's Pizzeria, Inc.

SUBJ: UBR (2003)

We are sending this letter per conversation with a Florida Dept of State representative today. We are requesting to waive the late fee for filing the UBR. We are a new business in a newly built building that has not opened yet as to today's date. Unfortunately we have not been obtaining our mail until recently because of the building being under construction. If you need to speak with someone, please contact Cheryl Galbraith at: (941) 355-3224.

1 Thank You,

Cheryl Galbraith Angelino's Pizzeria