

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

04-02-2003 90384 008 ***150.00
04-16-2003 90267 029 *****8.75

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

DOCUMENT # P02000135455

1. Entity Name
FOODSERVERS EQUIPMENT & RECONDITIONING, INC.



Principal Place of Business
951 SW 17 AVE
DELRAY BEACH FL 33444

Mailing Address
951 SW 17 AVE
DELRAY BEACH FL 33444

30087715



2. Principal Place of Business

951 S.W. 17 Ave

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

SAME

☐ CHECK HERE IF MAKING CHANGES

City & State

Delray Beach

City & State

4. FEI Number

82-0581192

Applied For

Not Applicable

Zip

Country

33444

P.B.

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STELLINO, JOSEPH

9470 AEGEAN DR

BOCA RATON FL 33498

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

Joseph Stellino

(NOTE: Registered Agent signature required when reinstating)

3-31-03

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
STELLINO, JOSEPH
9470 AEGEAN DR
BOCA RATON FL 33498

☐ Delete

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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 REQUIRED

Joseph

3-31-03

SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph Stellino

Stellino

CR2E034 (10/02)



90087715

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

April 4, 2003

FOODSERVERS EQUIPMENT & RECONDITIONING, INC.
951 SW 17 AVE
DELRAY BEACH, FL 33444

Subject: **FOODSERVERS EQUIPMENT & RECONDITIONING, INC.**

Reference Number: **P02000135455**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RJ

ANNUAL REPORTS SECTION