

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-28-2003 90108 035 ***150.00

DOCUMENT # P02000135655

1. Entity Name
DEVITO'S ITALIAN RESTAURANT INC.



Principal Place of Business
1061 ORANGE BLOSSOM TRAIL
APOPKA FL 32712
US

Mailing Address
814 WINDERGROVE CT.
OCOE FL 34761
US



2. Principal Place of Business

3. Mailing Address

31825 Investor Rd.

Suite, Apt. #, etc.

City & State
Sorrento, FL

4. FEI Number
61-1435294

Applied For
Not Applicable

Zip
32776

Country

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVITO, DAVID J
814 WINDERGROVE CT.
OCOE FL 34761

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
DEVITO, SHANNAN L
814 WINDERGROVE CT
OCOE FL 34761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
DeVito Shannan L
31825 Investor Rd.
Sorrento, FL 32776 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
DEVITO, DAVID J
814 WINDERGROVE CT
OCOE FL 34761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
DeVito David J
31825 Investor Rd.
Sorrento, FL 32776 ☒ 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
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03

407-342-8075

Date

Daytime Phone #

CR2E034 (10/02)