

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-16-2003 90177 010 ***150.00

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DOCUMENT # P94000019008

1. Entity Name
JOAN PELLERIN, INC.



Principal Place of Business
2429 TALL MAPLE LOOP
OCOE FL 34761

Mailing Address
2429 TALL MAPLE LOOP
OCOE FL 34761

2. Principal Place of Business

524 Fox Hollow Lane
Suite, Apt. #, etc.

3. Mailing Address

524 Fox Hollow Lane
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
St. Augustine, FL
Zip 32086
Country USA

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St. Augustine, FL
Zip 32086
Country USA

4. FEI Number 59-3224704

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIORIO, JOAN P
2429 TALL MAPLE LOOP
OCOE FL 34761

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
524 Fox Hollow Lane
City St. Augustine **FL** **Zip Code** 32086

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 *Joan P. DiIorio* **Joan P. DiIorio, President** **4-15-03**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIORIO, JOAN P 2429 TALL MAPLE LOOP OCOE FL 34761	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
524 Fox Hollow Lane St. Augustine, FL 32086	
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
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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: *Joan P. DiIorio* **Joan P. DiIorio** **4-15-03** **904-797-7386**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)