

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003696

1. Entity Name

SECOND STREET DELI, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90138 006 ***150.00

911040



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 2112 SECOND ST. FT. MYERS FL 33901 | Mailing Address 2112 SECOND ST. FT. MYERS FL 33901 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address 17497 Brentwood Ct. Suite, Apt. #, etc. |
|---|--|

| | | | |
|------------------------------|------------------------------|---|-------------------------------|
| City & State Ft. Myers FL | City & State Ft. Myers FL | 4. FEI Number 65-0547888 | Applied For Not Applicable |
| Zip 33912 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

DIFEO SABINO J
4813 GARY RD
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
17497 Brentwood Ct.
City
Ft. Myers FL Zip Code
33912

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.

SIGNATURE ☒ Sabino Difeo, President ☒

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE VS | <input type="checkbox"/> Delete |
| NAME DIFEO, SABINO J | |
| STREET ADDRESS 4813 GARY RD | |
| CITY-ST-ZIP BONITA SPRINGS FL 34134 | |
| TITLE PT | <input type="checkbox"/> Delete |
| NAME DIFEO, DENISE E | |
| STREET ADDRESS 4813 GARY RD | |
| CITY-ST-ZIP BONITA SPRINGS FL 34134 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS 17497 Brentwood Ct. | |
| CITY-ST-ZIP Ft. Myers, FL 33912 | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS 17497 Brentwood Ct. | |
| CITY-ST-ZIP Ft. Myers, FL 33912 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒ Sabino Difeo, President ☒ 1-28-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)