

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

DOCUMENT # P95000009276

1. Entity Name

MARIO'S AT THE BEACH, INC.

FILED
SECRETARY OF STATE
CORPORATIONS

02 OCT 25 AM 8:01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1830 S. 3rd ST.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH

City & State

FL.

4. FEI Number

59-3295706

Applied For

Not Applicable

Zip

Country

32250

DUVAL

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name MARIA L. MODICA

Street Address (P.O. Box Numbers Not Acceptable)

1830 S. 3rd ST.

City JACKSONVILLE BEACH, FL

Zip Code 32250

**DO NOT WRITE
IN THIS SPACE**

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 MARIA L. MODICA

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 President
NAME MARIA L. MODICA
STREET ADDRESS 1830 S. 3rd ST.
CITY-ST-ZIP JACKSONVILLE BEACH, FL. 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100008596021
10/25/02--01079--003 **350.00

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10/25/02--01079--004 **250.00

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

MARIA L. MODICA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)