

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

04-01-2002 90623 043 ***150.00

DOCUMENT # P96000007434

1. Entity Name

THAT'S AMORE, INC.

Principal Place of Business

4245 W. HENDERSON BLVD.
 TAMPA FL 33609
 US

Mailing Address

4245 W. HENDERSON BLVD.
 TAMPA FL 33609
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3367457

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GUGGINO, JOSEPH G
 4245 W. HENDERSON BLVD.
 TAMPA FL 33629

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

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, 2002 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 *Director / Sect.* ☐ Delete
 NAME GUGGINO, JOSEPH G.
 STREET ADDRESS 4245 W. HENDERSON BLVD.
 CITY-ST-ZIP TAMPA FL

TITLE *Vice President* ☐ Delete
 NAME LINDA CAIVANO
 STREET ADDRESS 8613 BARKWOOD PL
 CITY-ST-ZIP TAMPA FL 33615

TITLE *President* ☐ Delete
 NAME ROBERT FORGE
 STREET ADDRESS 2401 W. DOUGLAS ST
 CITY-ST-ZIP TAMPA FL 33607

TITLE *Treasurer* ☐ Delete
 NAME JUDY GUGGINO
 STREET ADDRESS 417 ROYAL PALM WAY
 CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)