## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P96000064785 **DOCUMENT #**

1. Entity Name

DAVINCI'S OF INDIAN RIVER, INC.

## May 01, 2003 8:00 am Secretary of State 05-01-2003 90293 029 \*\*\*150.00 **FILED**

Secretificate of Status Desired   Secretificate of Status Desired Agent   Street Address of New Registered Agent   Street Address of New Re	
City & State  Country  Country  Country  Country  Country  Zip  Country  S. Certificate of Status Desired See Required  FECLA, ANTHONY  6692 S US 1  PT ST LUCIE FL 34952  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 the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE  FIELE NOWRING THERE IS AND DIRECTORS IN MAKE  FIELE NOWRING FROM THE PROPRISE OF THE STATE OF THE STATE OF THE CHANGE STORY OF THE STATE OFFICERS AND DIRECTORS IN MAKE  FEOLA, ANTHONY  TYPES E DURANGO ST.  PT. ST. LUCIE FL  STREET ADDRESS  CITY-ST-ZIP  PT. ST. LUCIE FL  City  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  COUNTRY  S. Certificate of Status Desired Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address of New Registered Agent  Name  Street Address of New Registered Agent  Name  Street Address of New Registered Agent  Name  Street Address of New Reg	
City & State  Country  Country  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  \$8,75 Addition Face Required FEOLA, ANTHONY 6692 S US 1  PT ST LUCIE FL 34952  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 the obligations of registered agent.  SIGNATURE  FRILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TRUST FROM STREET ADDRESS CITY-ST-ZIP  FROM ANTHONY  TYPES DURANGO ST.  PT. ST. LUCIE FL  STREET ADDRESS  CITY-ST-ZIP  COUNTRY  S. Certificate of Status Desired	
Zip Country Signature and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name    Name	
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TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP  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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii).	Addition

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: