

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000025196 (1)

1. Corporation Name

UMBERTO & SON, INC.



Principal Place of Business

C/O PATEL MOORE ET AL  
18167 US HWY 19 NORTH STE 150  
CLEARWATER FL 34624

Mailing Address

C/O PATEL MOORE ET AL  
18167 US HWY 19 NORTH STE 150  
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1997

4. FEI Number

59-3441052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 220 E. Madison Street

Suite, Apt. #, etc.

22 Suite 220

City & State

23 Tampa, FL

Zip

24 33602

Country

25 USA

2a. Mailing Address

26 220 E. Madison Street

Suite, Apt. #, etc.

27 Suite 220

City & State

28 Tampa, FL

Zip

29 33602

Country

30 USA

9. Name and Address of Current Registered Agent

O'CONNOR, PATRICK M  
C/O PATEL MOORE ET AL  
18167 US HWY 19 NORTH STE 150  
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

Patrick M. O'Connor

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

2240 Belleair Road, Suite 160

83

84 City

Clearwater

FL

85 Zip Code

33764

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
PIZINI, CAROL  
STREET ADDRESS 18167 US HWY 19 NORTH  
CITY-ST-ZIP CLEARWATER FL 34624

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME Carol Pizzini  
13 STREET ADDRESS 3036 Oak Forest Drive North  
14 CITY-ST-ZIP Clearwater, FL 34619

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carol Pizzini 2/20/98

CR2E034 (10/97)