

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000025196

1. Entity Name
UMBERTO & SON, INC.



Principal Place of Business
1063 CEPHAS RD.
CLEARWATER, FL 33765

Mailing Address
1063 CEPHAS RD.
CLEARWATER, FL 33765



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3441052

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

O'CONNOR, PATRICK M
2240 BELLEAIR RD.
STE. 160
CLEARWATER, FL 33764

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000622231
02/13/07-80017-012 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME PIZZINI, CAROL
STREET ADDRESS 1330 KINGSWAY LN
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE T
NAME PIZZINI, PIERRE
STREET ADDRESS 1330 KINGSWAY LN
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE V
NAME PIZZINI, PIERRE JR
STREET ADDRESS 2865 CINNAMON BLVD
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Pizzini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL PIZZINI
PRESIDENT

Date

Daytime Phone #

2-1-07
727 446 8300