

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039364

1. Entity Name
MARCELLO'S, INC.

FILED

02 APR 29 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2221 POMEROY ROAD
SPRING HILL FL 34609

Mailing Address
2221 POMEROY ROAD
SPRING HILL FL 34609

2. Principal Place of Business
14359 Spring Hill Dr.
Suite, Apt. #, etc.

3. Mailing Address
14359 Spring Hill Dr.
Suite, Apt. #, etc.



2002 UBR

DO NOT WRITE IN THIS SPACE

City & State
Spring Hill, FL

City & State
Spring Hill, FL

4. FEI Number 59-3457203

Applied For
Not Applicable

Zip 34609 Country USA

Zip 34609 Country USA

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

ZARCONE, MARCELLO
2221 POMEROY ROAD
SPRING HILL, FL 34609

Name
Street Address (P.O. Box Number is Not Acceptable)
14140 Pier St
City Spring Hill FL Zip Code 34609

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 fee 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for MIFSUD, MARIA G; ZARCONE, MARCELLO; ZARCONE, DONNA L.

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes handwritten entries for Pier St, Spring Hill, FL 34609.

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: Marcello Zarcone X 4/29/02 X 352 544-1222