

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91196 041 ***150.00

0540231 AV

DOCUMENT # P97000069600



1. Entity Name
THAT'S AMORE' IN NAPOLI, INC.

Principal Place of Business
**3300 SANTA BARBARA BLVD
NAPLES FL 34116
US**

Mailing Address
**4270 ATOLL CT
STE 6
NAPLES FL 34116
US**



2. Principal Place of Business

3. Mailing Address

321 22 40 AVE NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
NAPLES FL

4. FEI Number **59-3462569**

Applied For
 Not Applicable

Zip

Country

Zip
34120

Country

COLLIER

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

**FUSCO, ANTHONY
4270 ATOLL CT 36
NAPLES FL 34116**

Name
ANTHONY FUSCO

Street Address (P.O. Box Number is Not Acceptable)
321 22 40 AVE NW

City
NAPLES FL 34120

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 **Anthony Fusco**

Anthony Fusco

3-15-03

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|-----------------------|------------------------------|------------------------|-------------------------------------|
| | FUSCO, ANTHONY | 4270 ATOLL CT, APT #6 | NAPLES FL 34116 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|----------------------|-------------------------|------------------------|-------------------------------------|--------------------------|
| | ANTHONY FUSCO | 321 22 40 AVE NW | NAPLES FL 34120 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 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: **Anthony Fusco**

3-15-03 239-353-7128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)