

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90138 040 \*\*\*150.00

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1. Entity Name

~~DOWNTOWN FOOD MARKET, INC.~~

JOHN V. TORTORELLO, INC.



Principal Place of Business  
212 9TH STREET N.  
ST. PETERSBURG FL 33701

Mailing Address  
P.O. BOX 260502  
TAMPA FL 33685

11029860



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

4822 BONITA VISTA DR

3. Mailing Address

P.O. BOX 260502

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3471046

Applied For

Not Applicable

Zip

33634

Country

HILLSBOROUGH

Zip

33634

Country

HILLSBOROUGH

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

TORTORELLO, JOHN V  
4822 BONITA VISTA DRIVE  
TAMPA FL 33634

Name

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

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 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, 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 P  
NAME PORTORELLO, JOHN V  
STREET ADDRESS 4822 BONITA VISTA DRIVE  
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

TITLE P  
NAME JOHN V. TORTORELLO  
STREET ADDRESS 4822 BONITA VISTA DR  
CITY-ST-ZIP TAMPA, FL 33634 ☒ Change ☐ Addition

TITLE VP  
NAME SEECHARAN, GERGAWATTIE  
STREET ADDRESS 11812 WHISPERING TREE AVE  
CITY-ST-ZIP ORLANDO FL 32837 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST  
NAME SEECHARAN, BHARDWAAJ  
STREET ADDRESS 11812 WHISPERING TREE AVE  
CITY-ST-ZIP ORLANDO FL 32837 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *John V. Tortorello* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

Date

813-886-6992

Daytime Phone #

CR2E034 (10/02)