

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092887

1. Entity Name

GIO'S VILLAGE CAFE, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90008 025 ***150.00

Principal Place of Business

Mailing Address

318 VALPATRAISO PKWY
VALPARAISO FL 32580
US

318 VALPATRAISO PKWY
VALPARAISO FL 32580
US

2. Principal Place of Business

318 VALPARAISO PKWY

3. Mailing Address

318 VALPARAISO PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALPARAISO-FL

City & State

Zip

Zip

Country

Country

32580

4. FEI Number

59-3541012

Applied For

Not Applicable

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

CADENHEAD, CHRIS
420 EAST PINE AVENUE
CRESTVIEW FL 32539

Name

JUDITH ROSETA

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

706 POWELL DRIVE

City

NICEVILLE

FL

Zip Code

32578

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

JUDITH ROSETA

JUDITH ROSETA

4.21.00

Signature, typed or printed name of registered agent and title 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, 2000 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

TITLE P
NAME ROSETA, JUDITH
STREET ADDRESS 319 CEDAR AVE N
CITY-ST-ZIP NICEVILLE FL 32578
Delete ☐ CHANGE OF ADDRESS →

TITLE JUDITH ROSETA PRES
NAME JUDITH ROSETA PRES
STREET ADDRESS 706 POWELL DRIVE
CITY-ST-ZIP NICEVILLE, FL 32578
Delete ☐ Change ☐ Addition ☐

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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:

JUDITH ROSETA

JUDITH ROSETA

4.21.00

850/729-3378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone

850/729-1891

CR2E034 (9/99)