

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91517 041 ***150.00

DOCUMENT # *P98000096032*

1. Entity Name *Abbys Italian Market Inc.*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4395 Hancock Bridge Parkway

3. Mailing Address
102 S.E. 21st Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Ft. Myers Fl.

City & State
Cape Coral Fl.

4. FEI Number
65-0875602

Applied For
Not Applicable

Zip
33903

Country

Zip
33990

Country

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

7. Name and Address of Current Registered Agent

Name *John Abbondandolo*

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

102 S.E. 21st Ave.

City *Cape Coral*

FL

Zip Code
33990

**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.

SIGNATURE *John Abbondandolo*

4-10-02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

| | | | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>PTD John Abbondandolo 102 S.E. 21st Ave. Cape Coral Fl 33990</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>VSD Robert Abbondandolo 1921 S.E. 1st Terrace Cape Coral Fl. 33990</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *John Abbondandolo*

4-10-02

941 574-4432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)