

2002 UNIFORM BUSINESS REPORT (UBR)

6/1

FILED
Jul 11, 2002 8:00 am
Secretary of State

06-10-2002 90464 028 ***150.00

DOCUMENT # P99000018836

1. Entity Name

ITALIAN FISHERMAN RESTAURANT OF PSJ, INC.

Principal Place of Business

704 WEST AVENUE
 COCOA FL 32927

Mailing Address

704 WEST AVENUE
 COCOA FL 32927

96958

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3532042

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARONDE, DIANE
435 DIANE BLVD
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-25-02

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MARONDE, DIANE	
STREET ADDRESS	704 WEST AVENUE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-02

Date

321 449 4017

Daytime Phone #

CR2E034 (9/01)

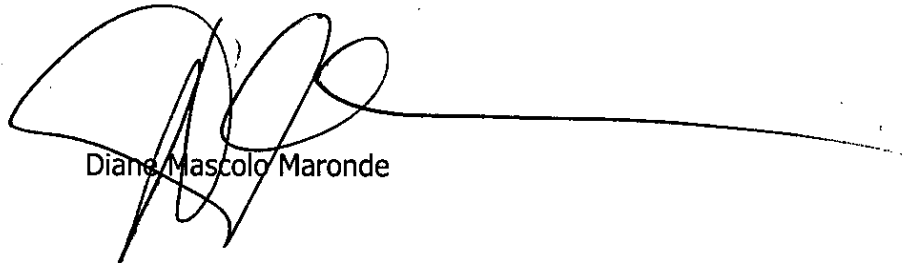
Attachment
9695B

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida

Re: Italian Fisherman Restaurant of PSJ, Inc.
P9900018836

I am enclosing your copy of the uniform business report and letter dated June 12, 2002, regarding the \$400.00 late fee. My father, James V. Mascolo was diagnosed with pancreatic cancer in March of this year and died April 29, 2002. I did not realize until May 25, 2002, that I had not filed the report. I had been carrying it around in my car since March. I am requesting forgiveness of the \$400.00 late fee due to extenuating circumstances.

Thank you.



Diane Mascolo Maronde