

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028863

1. Entity Name
LEMONCELLO, INC.

Principal Place of Business
2039 NO. ATLANTIC AVE. SPACE 12
BANANA RIVER SQUARE SHOPPING CENTER
COCOA BEACH FL 32931

Mailing Address
620 MADISON AVE.
CAPE CANAVERAL FL 32920

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3567276 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

CELIO, ALBERT D ESQ.
976 BREVARD AVE.
ROCKLEDGE FL 32955

Name ROBERTO TRAVERSA
Street Address (P.O. Box Number is Not Acceptable)
620 MADISON AVENUE
City CAPE CANAVERAL FL Zip Code 32920

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, 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP
D TRAVERSA, ROBERTO
620 MADISON AVE.
CAPE CANAVERAL FL 32920 ☐ 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

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

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: ROBERTO TRAVERSA 9/10/01 (321)-783-4855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90005 031 ***550.00

310010



DO NOT WRITE IN THIS SPACE

10508 AT

CR2E034 (5/01)