

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State
 04-14-2000 90002 036 ***150.00

DOCUMENT # P99000033623 ✓

1. Entity Name

BUCCI'S INC

Principal Place of Business 1717 Mason Ave 1432
 Daytona Bch Fl 32117

Mailing Address 1717 Mason Ave 1432
 Daytona Bch Fl 32117

2. Principal Place of Business 2429 Pioneer Trail
 Suite Apt. #, etc.

3. Mailing Address 2429 Pioneer Trail
 Suite Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State New Smyrna Bch Fl.
Zip 32168 **Country** USA

4. FEI Number 59-3569927 **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

Vinson Arbucci
 1717 Mason Ave 1432
 Daytona Bch Fl.

Name
Street Address (P.O. Box Number is Not Acceptable) 2429 Pioneer Trail
City New Smyrna Bch **FL** **Zip** 32168

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 \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,V,S,T Arbucci, Vinson 1717 Mason Ave 1432 Daytona Bch Fl <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P;V,S,T Arbucci, Vinson 2429 Pioneer Trail New Smyrna Bch Fl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. Vinson Arbucci

Date

Daytime Phone #

904-274-0079

CR2E034 (9/99)