2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P99000047710 DOCUMENT

1. Entity Name

GIOVANNI'S LITTLE ITALIAN MARKET & DELI, INC.



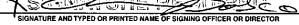
FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90163 036 ***150.00

Principal Place of Business 4600 MCGREGOR BOULEVARD FORT MYERS FL 33901				Mailing Address 4600 MCGREGOR BOULEVARD FORT MYERS FL 33901							
2. Principal Place of Business				3. Mailing Address				. 1881/1881 1881 1881 1881 1881 1881 188		Bit Boil Iobi	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State				FEI Number 65-0924474	_ 	plied For Applicable	
Zip	Country			25	Coun	Country		Certificate of Status Desired F	8.75 Add	itional	
6. Name and Address of Current F				legistered Agent			7. N	7. Name and Address of New Registered Agent			
B0000 /		<u> </u>	Name								
BOSCO, GIOVANNI- 《清章 4600 MCGREGOR BLVD							Street Address (P.O. Box Number is Not Acceptable)				
FORT MYERS FL 33-901X											
							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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOWIH FEE IS \$150.00							 -	9. Election Campaign Financing	\$5-O	D-May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Trust Fund Contribution.		to Fees	
10. OFFICERS AND DIRECTORS 11.							AD	L DITIONS/CHANGES TO OFFICERS AND E	IRECTORS	SIN 11 '	
TITLE	PTD	,		☐ Delete	TITLE				Change	☐ Addition	
NAME	BOSCO, G				NAM	1					
STREET ADDRESS CITY-ST-ZIP		REGOR BOULEVARD RS FL 33901				ET ADDRESS -ST-ZIP					
TITLE	S			☐ Delete	TITLE	:]	Change	Addition	
NAME STREET ADDRESS		ATHRYN D REGOR BOULEVARD			NAM	E ET ADDRESS				{	
CITY-ST-ZIP		RS FL 33901				-ST-ZIP					
TITLE				☐ Delete	TITLE	:		[Change	Addition	
NAME					NAM	E				}	
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP					_	- 1					
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TITLE				☐ Delete	TITLE		······································		Change	☐ Addition	
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CITY-ST-ZIP					-	-ST-ZIP			7.05-		
TITLE NAME				☐ Delete	TITLE			L	Change	☐ Addition	
STREET ADDRESS						ET ADDRESS				Ì	
CITY-ST-ZIP						-ST-ZIP					

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



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