

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **99000054180**

Entity Name

THE DI BELLO COMPANY, INC.

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90224 016 ***150.00

Principal Place of Business
 30 S. COURTENAY PKWY.
 MERRITT ISLAND FL 32952

Mailing Address
 900 S. COURTENAY PKWY.
 MERRITT ISLAND FL 32952-5010

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2. Principal Place of Business
 3280 S. US I
 Suite, Apt. #, etc.

3. Mailing Address
 AS ABOVE
 Suite, Apt. #, etc.

City & State
 ROCKLEDGE, FLORIDA
 Zip
 32955
 Country

City & State
 AS ABOVE
 Zip
 AS ABOVE
 Country

4. FEI Number
 59-3655678
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 PRINCIPI, JO-ANN
 930 S. COURTENAY PKWY.
 MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent
 Name
 N/A
 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 _____ (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) ☐ WE HAVE NONE

FILE NOW!!!
After MAY 1, 2000 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
 NO

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D PRINCIPI, JO-ANN 930 S. COURTENAY PKWY. MERRITT ISLAND FL 32952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D DI BELLO, FRANCO 3280 ROCKLEDGE BLVD. ROCKLEDGE FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jo Ann Principi* *5/23/01* *4533388*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, DATE DAYTIME PHONE #

CR2E034 (9/99)