

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91408 023 ***150.00

DOCUMENT # P99000060077

1. Entity Name
PASTA CONCEPTS, INC.



Principal Place of Business
**1603 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34957**

Mailing Address
**2861 SE WILTSHIRE TERR
PORT SAINT LUCIE FL 34952**



2. Principal Place of Business

3. Mailing Address

915 NE Jensen Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Beach FL

4. FEI Number **65-0931533**

Applied For

Not Applicable

Zip

Country

Zip

Country

34957 martin

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

**SETTIPANI, STEVEN
2861 SE WILTSHIRE TERRACE
PORT SAINT LUCIE FL 34952**

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. 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 NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SETTIPANI, STEVEN**
STREET ADDRESS **2199 SE ERWIN ROAD**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952-5538**

TITLE **(Address only)** ☒ Change ☐ Addition
NAME **2861 SE Wiltshire Ter**
STREET ADDRESS **port saint lucie FL 34952**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PACE, DANNA**
STREET ADDRESS **2199 SE ERWIN ROAD**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952-5538**

TITLE **(Address only)** ☒ Change ☐ Addition
NAME **2861 SE Wiltshire Ter**
STREET ADDRESS **port st lucie FL 34952**
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/03 772-334-0400

CR2E034 (10/02)