

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90064 032 \*\*\*150.00

**DOCUMENT # P99000090379**

1. Entity Name  
**PESCE ENTERPRISE, INC.**

Principal Place of Business      Mailing Address  
**770 OAKLAND HILLS CIRCLE, #202**      **770 OAKLAND HILLS CIRCLE, #202**  
**LAKE MARY FL 32746**      **LAKE MARY FL 32746**

**718319**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1301 Berille Road**      **1301 Berille Road**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Unit 7**      **Unit 7**

City & State      City & State  
**Daytona Beach FL**      **Daytona Beach, FL**

Zip      Country      Zip      Country  
**32119**      **USA**      **32119**      **USA**

4. FEI Number      Applied For  
**59-3602480**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**PESCE, LENA L**  
**770 OAKLAND HILLS CIRCLE, #202**  
**LAKE MARY FL 32746**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMENDOLAGINE, MICHAEL 1301 BEVILLE ROAD, UNIT 19 DAYTONA BEACH FL 32119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDOLAGINE, MICHAEL A 1301 BEVILLE ROAD UNIT 19 DAYTONA BEACH FL 32119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD PESCE, LENA L 7700 OAKLAND HILLS CIR #202 LAKE MARY FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD MENDOLAGINE, MARILYN A 1301 BEVILLE ROAD UNIT 19 DAYTONA BEACH FL 32119 <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	PD Amendolagine, Michael 1301 Berille Road Unit 7 Daytona Beach, FL 32119 <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	VTSD Pesce, Lena L 7700 Oakland Hills Circle #202 Lake Mary, FL 32746 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD Amendolagine, Marilyn 1301 Berille Road Unit 7 Daytona Beach, FL 32119 <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

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: Marilyn Amendolagine      Date: 2/15/01      Daytime Phone #: 386-322-0673

CR2E034 (10/00)