

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90067 034 \*\*\*150.00

**DOCUMENT # P99000090379**

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



Principal Place of Business  
**1301 BEVILLE ROAD UNIT 7  
DAYTONA BEACH FL 32119**

Mailing Address  
**1301 BEVILLE ROAD UNIT 7  
DAYTONA BEACH FL 32119**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-3602480**

Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES



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  
**Marilyn Amendolagine**

Street Address (P.O. Box Number is Not Acceptable)  
**1301 Beville Road Unit 7**

**Daytona, FL 32119**

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 *Marilyn Amendolagine*  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD AMENDOLAGINE, MICHAEL 1301 BEVILLE ROAD UNIT 7 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 checked="" type="checkbox"/> Delete <i>In twice</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD PESCE, LENA L 7700 OAKLAND HILLS CIRCLE #202 LAKE MARY FL 32746	<input checked="" type="checkbox"/> Delete <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD MENDOLAGINE, MARILYN A 1301 BEVILLE ROAD UNIT 7 DAYTONA BEACH FL 32119	<input checked="" type="checkbox"/> Delete <i>In twice</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD AMENDOLAGINA, MARILYN 1301 BEVILLE ROAD UNIT 7 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	P. DT Amendolagine, Michael 1301 Beville Road Unit 7 Daytona, FL 32119	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Amendolagine, Marilyn 1301 Beville Road Unit 7 Daytona, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE: *Marilyn Amendolagine* 1/17/03 386-322-0673  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)