

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S31347

1. Entity Name
FOGGIA'S ITALIAN RESTAURANT, INC.Principal Place of Business
FOGGIA'S ITALIAN RESTAURANT, INC
4509 AUTUMN WOODS WAY
TALLAHASSEE FL 32303
USMailing Address
FOGGIA'S ITALIAN RESTAURANT, INC
4509 AUTUMN WOODS WAY
TALLAHASSEE FL 323032. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3053805 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

BRUSHWOOD, E. THOMAS
1353 E. LAFAYETTE ST.
TALLAHASSEE FL 32302-2117

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D Delete
NAME DINUNZIO, MICHAEL
STREET ADDRESS 811 LIPONA RD
CITY-ST-ZIP TALLAHASSEE FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D Delete
NAME DINUNZIO, EVELYN
STREET ADDRESS 811 LIPONA RD
CITY-ST-ZIP TALLAHASSEE FLTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 entries.

SIGNATURE: *Michael J. Brushwood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-02

Date

562-8123

Daytime Phone #

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90080 046 ***150.00



DO NOT WRITE IN THIS SPACE

2002 UBR
18

CR2E034 (9/01)