2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 14, 2000 8:00 am Secretary of State **DOCUMENT # \$42220** FLORIDA PASTA CO., INC. 04-14-2000 90024 008 ***150.00 Principal Place of Business Mailing Address 4501 107 CIR N 4501 107 CIR N CLEARWATER FL 33762 CLEARWATER FL 33762-5039 637043 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt # etc. Applied For City & State City & State 4. FEI Number 59-3067468 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MADORI - KELSEY, MARCIA J - Street Address (P.O. Box Number is Not Acceptable) 4501 107TH CIR. N. **CLEARWATER FL 33162** 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 MADORI SIGNATURE agent and title if applicabl FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PVP ☐ Change ☐ Addition ✓ Delete TITLE TITLE KELSEY, MARCIA NAME NAME STREET ADDRESS STREET ADDRESS 4501 107 CIR N CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** Delete Change Addition TITLE TITLE NAME KELSEY, MARCIA J NAME STREET ADDRESS 4501 107 CIR N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** TITLE Change Addition TITLE ☐ Delete NAME RAMADORI, SESTO NAME RAMADORI 6492 315T AUE STREET ADDRESS 6492 31ST AVE N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33710 ST PETERSBURG FL 33710 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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 impowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TO BE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMADORI 3-31-00