## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

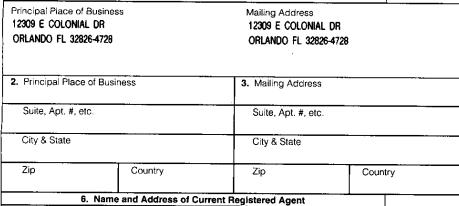
## **DOCUMENT #** S74062



Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90096 004 \*\*\*150.00

FILED

Entity Name  MICHAEL'S ITALIAN RESTAU	RANT & PIZZA, INC.	
rincipal Place of Business	Mailing Address	1



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☐ CHECK HERE IF MAKING CHANGES

Applied For 59-3084199 Not Applicable

\$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent

TARDUGNO, MICHELE 12309 E COLONIAL DR ORLANDO FL 32826

SIGNATURE

Name	 
Street Address (P.O. Box Number is Not Acceptable)	 
951	 
City	Zip Code

9. Election Campaign Financing

Trust Fund Contribution.

4. FEI Number

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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be Added to Fees

After May 1, 2003 Fee will be \$550.00

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10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TARDUGNO, MICHELE 2759 WINDSORGATE LN ORLANDO FL 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TARDUGNO, THERESA 2759 WINDSORGATE LANE ORLANDO FL 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, Change C Addition
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NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 empowered.