

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10f2

02 MAY 20 PM 4:01

DOCUMENT # F66862

1. Entity Name

THE LOADING ZONE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6990 SEMINOLE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SEMINOLE FL

City & State

4. FEI Number

59-2268703

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

BERNETTA MLOTKOWSKI

Street Address (P.O. Box Number is Not Acceptable)

6633 MANGO AVE S.

City ST. PETERSBURG FL

Zip Code

33707

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

Bernetta Mlotkowski

Signature, typed or printed name of registered agent, and title (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contributor.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ^{PSTP} EDDIE M. MLOTKOWSKI
STREET ADDRESS 6633 MANGO AVES.
CITY-ST-ZIP ST. PETERSBURG, FL 33707

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****323.75 ****323.75

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IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.07(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 secretary or treasurer empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eddie Mlotkowski

EDDIE MLOTKOWSKI Pres 5/15/02 727 3917066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Phone #

CR2E034B (12/01)



Boulevard Grille
BOOMERZ
AND SPORTS BAR®



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Boomerz 6990 Seminole Blvd., Seminole, FL 33772 727-391-7066
Extra Inning 1850 Central Ave., St. Petersburg, FL 33712 727-896-9872
Boulevard Grille 6990 Seminole Blvd., Seminole, FL 33772 727-391-9622
Fax 727-391-9622

February 21, 2002

Florida Department of Revenue
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Loading Zone Inc.-Document F66862 -Debit Memo 22454H

The circumstances I would like to address to you regarding this are as follows:

First I would like to say that I did not receive your notice regarding the check. At this time many thing transpired for me. First the person that enters accounting and handles mail, etc. had brain surgery and then problems following so she was out for some time and is just back part time for the time being. Then to add to my "woes" my father had a heart attack and since my father is legally blind and my mother is not able to drive, I had to be there constantly for taking them to the doctors. (No complaint as they are my parents). Thus my time was not mine! And then to add to all of this we had trouble with the bank account because someone had forged checks in the account, which gave us, major problems and it has not been worked out as of this time. Then to top it off I had to have surgery and a couple days after the surgery something went wrong and I had a major infection and had to go back to bed.

Please help me in this situation and let me send the necessary amount because if you check my back record I have always sent this in. Please help!

Sincerely,

Loading Zone Inc.
Eddie Mlotkowski,
President

Approved By
P. B.
(Fiscal)