

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90006 011 \*\*\*550.00

0121666 AT

**DOCUMENT # P99000035608**

1. Entity Name  
**301 TAPAS, INC.**

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Principal Place of Business  
**12385 AUTOMOBILE BLVD  
 CLEARWATER FL 33762**

Mailing Address  
**P.O. BOX 1954  
 ST. PETERSBURG FL 33731-1954**

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2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**12385 Automobile Blvd.**  
 Suite, Apt. #, etc.

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City & State  
**Clearwater, FL**

4. FEI Number **59-3580703** Applied For  
 Not Applicable

Zip Country Zip Country  
**33762**

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ENGLANDER, LEONARD S ESQ.  
 721 1ST AVENUE NORTH  
 ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HULL, RANDY 12385 AUTOMOBILE BLVD CLEARWATER FL 33762</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SULLIVAN, JOHN 12385 AUTOMOBILE BLVD. CLEARWATER, FL 33762</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS SANTERRE, BARRY J 12385 AUTOMOBILE BLVD CLEARWATER FL 33762</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.

**SIGNATURE:** SIGNATURE REQUIRED **8/23/01** **727-578-4545**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)