

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90086 005 ***150.00

DOCUMENT # 432177

1. Entity Name

EL TACO GRANDE, INC.

Principal Place of Business

Mailing Address

~~1024 N HIGHLAND AVE~~
~~CLEARWATER FL 33755~~
~~US~~

~~1024 N HIGHLAND AVE~~
~~CLEARWATER FL 33755-2138~~
~~US~~

U O T U T U

2. Principal Place of Business

3. Mailing Address

1721 Meredith Lane

1721 Meredith Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Richard Pickering

c/o Richard Pickering

City & State

City & State

Belleair, Florida

Belleair, Florida

Zip

Country

Zip

Country

33756

33756

4. FEI Number

59-1481425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PICKERING, RICHARD B~~
~~1721 MEREDITH LN~~
~~BELLEAIR FL 33756~~

Name

Barbara Pickering

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

1721 Meredith Lane

City

Belleair, FL 33756

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)

DATE

Barbara Pickering

01/10/00

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

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	<input checked="" type="checkbox"/> Delete
NAME	PICKERING, RICHARD B.
STREET ADDRESS	1721 MEREDITH LN
CITY-ST-ZIP	BELLEAIR FL 33756
TITLE	<input checked="" type="checkbox"/> Delete
NAME	PICKERING, RICHARD B.
STREET ADDRESS	1721 MEREDITH LN
CITY-ST-ZIP	BELLEAIR FL 33756
TITLE	<input type="checkbox"/> Delete
NAME	PICKERING, MARK B
STREET ADDRESS	1765 PASADENA DR
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D only
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUT
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OK
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD Barbara Pickering
STREET ADDRESS	1721 Meredith Lane
CITY-ST-ZIP	Belleair, FL 33756
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

Barbara Pickering
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/00

727-559-7232
Daytime Phone #

CR2E034 (9/99)