

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90696 020 ***150.00

0463080 AV

DOCUMENT # 432177

1. Entity Name
EL TACO GRANDE, INC.

Principal Place of Business

~~1721 MEREDITH LN~~
~~BELLEAIR FL 33756~~
~~US~~

Mailing Address

~~1721 MEREDITH LN~~
~~BELLEAIR FL 33756~~
~~US~~

2. Principal Place of Business

1765 Pasadena Dr.

Suite, Apt. #, etc.

40 Pickering

City & State

Dunedin, FL

Zip

34698

Country

USA

3. Mailing Address

14 Park St.

Suite, Apt. #, etc.

40 Singer

City & State

S. Hamilton MA

Zip

01982

Country

USA

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

PICKERING, BARBARA
~~1721 MEREDITH LN~~
~~BELLEAIR FL 33756~~

7. Name and Address of New Registered Agent

Name

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

1765 Pasadena Dr.

City

Dunedin, FL.

FL

Zip Code

34698

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

Barbara Pickering

Barbara Pickering

3/29/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	PICKERING, RICHARD B.	
STREET ADDRESS	1721 MEREDITH LN	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	S	<input type="checkbox"/> Delete
NAME	PICKERING, MARK B	
STREET ADDRESS	1765 PASADENA DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PICKERING, BARBARA	
STREET ADDRESS	1721 MEREDITH LN	
CITY-ST-ZIP	BELLEAIR FL 33756	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1765 Pasadena Dr.	
STREET ADDRESS	Dunedin FL 34698	
CITY-ST-ZIP	Dunedin FL 34698	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1765 Pasadena Dr.	
STREET ADDRESS	Dunedin FL 34698	
CITY-ST-ZIP	Dunedin FL 34698	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1765 Pasadena Dr.	
STREET ADDRESS	Dunedin, FL 34698	
CITY-ST-ZIP	Dunedin, FL 34698	
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		
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

3/29/02

Date

727-6448226

Daytime Phone #

CR2E034 (9/01)