

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90271 048 ***150.00

DOCUMENT # 432177



1. Entity Name
EL TACO GRANDE, INC.

Principal Place of Business
**1765 PASADENA DR
C/O PICKERING
DUNEDIN FL 34698
US**

Mailing Address
**14 PARK ST
C/O SINGER
SOUTH HAMILTON MA 01982
US**

10022402



2. Principal Place of Business

3. Mailing Address

**1765 Pasadena Dr.
C/O Pickering**

Suite, Apt. #, etc.

City & State

Dunedin, FL

Zip **34698**

Country

4. FEI Number **59-1481425**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PICKERING, BARBARA
1765 PASADENA DR.
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name **Mark Pickering**
Street Address (P.O. Box Number is Not Acceptable)
1765 Pasadena Dr.
City **Dunedin** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 prior like employment.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard B. Pickering

Date

Daytime Phone #

727 734 8217

CR2E034 (10/02)