

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/5/

FILED
May 30, 2003 8:00 am
Secretary of State

05-05-2003 90149 039 ***150.00

DOCUMENT # 516287

1. Entity Name
BILL IRLE RESTAURANT, INC.



Principal Place of Business
**1310 N. FORT HARRISON AVENUE
CLEARWATER FL 33755**

Mailing Address
**1310 N. FORT HARRISON AVENUE
CLEARWATER FL 33755**

55044832



CHECK HERE IF MAKING CHANGES

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

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1692332**

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

IRLE, WIELAND
1310 N. FORT HARRISON AVENUE
CLEARWATER FL 33755

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition

TITLE **P** Delete

NAME **IRLE, WIELAND**

STREET ADDRESS **1402 N FORT HARRISON AVE**

CITY-ST-ZIP **CLEARWATER FL**

TITLE **P** Change Addition

NAME **IRLE, WILLIAM**

STREET ADDRESS **1402 N.FT. HARRISON AV.**

CITY-ST-ZIP **CLEARWATER FL-33755**

TITLE **ST** Delete

NAME **IRLE, YVONNE**

STREET ADDRESS **1402 N FORT HARRISON AVE**

CITY-ST-ZIP **CLEARWATER FL**

TITLE **ST** Change Addition

NAME **LADD, MICHELLE**

STREET ADDRESS **1089 GLOWWOOD DRIVE**

CITY-ST-ZIP **DUNEDIN, FL. 33698**

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **VP** Change Addition

NAME **IRLE, WIELAND**

STREET ADDRESS **1402 N.FT. HARRISON AV.**

CITY-ST-ZIP **CLEARWATER, FL. 33755**

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **VP** Change Addition

NAME **IRLE, YVONNE**

STREET ADDRESS **1402 N.FT. HARRISON AV.**

CITY-ST-ZIP **CLEARWATER, FL. 33755**

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change 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 other like empowered.

SIGNATURE: *YVONNE M. IRLE V.P.* **4/30/03** **(727) 446-5683**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E034 (10/02)