

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K17241

1. Entity Name

CARLO'S RESTAURANT CONCEPTS, INC.

Principal Place of Business

Mailing Address

822 SAWGRASS LN
NEW SMYRNA BCH. FL 32168

822 SAWGRASS LN
NEW SMYRNA BCH. FL 32168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPENCE, HAL
221 N CAUSEWAY
NEW SMYRNA BCH. FL 32169

Name
CHARLES L. BELOTE
Street Address (P.O. Box Number is Not Acceptable)
350 N. CAUSEWAY

City
NEW SMYRNA BEACH FL Zip Code
32169

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.

CHARLES L. BELOTE

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVS
MERKLE, FRED
822 SAWGRASS LN
NEW SMYRNA BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MERKLE, FRED
822 SAWGRASS LANE
NEW SMYRNA BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

FRED MERKLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-01

Date

427-8492

Daytime Phone #

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-07-2001 90178 021 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)