

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K88045**

1. Entity Name

BIG EASY, INC.**FILED**
Apr 20, 2001 8:00 am
Secretary of State

04-03-2001 90065 025 ***150.00

Principal Place of Business

Mailing Address

% LEWIS SALVITELLI
10500 FRONT BEACH RD
PANAMA CITY BCH FL 32407-0518% LEWIS SALVITELLI
10500 FRONT BEACH RD
PANAMA CITY BCH FL 32407-0518

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2955571**

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

HESS, BRIAN D
9108 FRONT BEACH ROAD
PANAMA CITY BEACH FL FL 32408

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.

SIGNATURE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	DP	☐ Delete
NAME	SALVITELLI, LEWIS	
STREET ADDRESS	10500 FRONT BEACH RD.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	VP	☒ Delete
NAME	SALVITELLI, SHERRI	
STREET ADDRESS	10500 FRONT BEACH ROAD	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	D	☒ Delete
NAME	Bailey, Michael	
STREET ADDRESS	6547 Sunset Avenue	
CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	☐ Change ☒ Addition
NAME	Salvitelli, Ken	
STREET ADDRESS	1832 NW 16th Street - 1	
CITY-ST-ZIP	Gresham, OR 97030	
TITLE	D	☐ Change ☒ Addition
NAME	Hawkins, Donald Lee	
STREET ADDRESS	220 San Gabriel	
CITY-ST-ZIP	Panama City Beach, FL 32407	
TITLE	Bailey, Michael	☐ Change ☒ Addition
NAME	6547 Sunset Avenue	
STREET ADDRESS	Panama City Beach, FL 32408	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)