

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90019 019 ***150.00

DOCUMENT # K88045

1. Entity Name
BIG EASY, INC.

Principal Place of Business
% LEWIS SALVITELLI
10500 FRONT BEACH RD
PANAMA CITY BCH FL 32407-0516

Mailing Address
% LEWIS SALVITELLI
10500 FRONT BEACH RD
PANAMA CITY BCH FL 32407-0516



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2955571**

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

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, 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

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** ☐ Change ☒ Addition
 NAME **KENNETH M. SALVITELLI**
 STREET ADDRESS **19805 S.E. QUALLEY RD.**
 CITY-ST-ZIP **CLACKAMAS, OR 97015-7827**

TITLE **D** ☐ Delete
 NAME **HAWKINS, DONALD LEE**
 STREET ADDRESS **220 SAN GABRIEL**
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: _____

Lewis Salvitelli
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

850 233-3098
 Daytime Phone #

CR2E034 (9/01)