

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90063 013 ****61.25

4013504

DOCUMENT # N01000007784

1. Entity Name

BROWNS BACKERS OF PINELLAS, INC.



Principal Place of Business

**GREEN PARROT PUB & EATERY
3665 EAST BAY DR
LARGO FL 33770**

Mailing Address

**PO BOX 582
LARGO FL 33779**

2. Principal Place of Business

GASOLINE ALLEY

3. Mailing Address

17928 U.S. Hwy 19 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

Clearwater FL

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

33764

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEOPOLD, DOUG

**19135 US-19 NORTH 2994 BONEVENTURE CIR. #N-104
F-33
CLEARWATER FL 33764 PALM HARBOR, FL 34684**

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

Doug Leopold

7/29/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	LULUCKI, BILL	
STREET ADDRESS	2600 SUNNY BREEZE AVE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEOPOLD, DOUG	
STREET ADDRESS	19135 US-19 NORTH F-33	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOSWORTH, ROBERT	
STREET ADDRESS	1610 WEST BAY DR, LOT 7	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	DI	<input checked="" type="checkbox"/> Delete
NAME	TORONTALI, DEB	
STREET ADDRESS	10833 NAVA JO DR	
CITY-ST-ZIP	MADEIRA BEACH FL 33708-3113	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOUCKS, VESTA	
STREET ADDRESS	1820 KAY DR	
CITY-ST-ZIP	LARGO FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUG LEOPOLD	
STREET ADDRESS	2994 BONEVENTURE CIR. #N-104	
CITY-ST-ZIP	PALM HARBOR FL 34684	
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 617, 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:

SIGNATURE REQUIRED

7/29/03 (727) 781-2354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)