

**2001-UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90260 006 \*\*\*150.00

**DOCUMENT # P00000007215**

*(LA)*

1. Entity Name  
**THE GREASY SPOON, INC.**

Principal Place of Business  
**5715 15TH STREET EAST  
 BRADENTON FL 34203**

Mailing Address  
**5715 15TH STREET EAST  
 BRADENTON FL 34203**

40400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5604 15<sup>TH</sup> ST. E.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Bradenton FLA**

City & State

4. FEI Number  
**65 046 2025**

Applied For  
 Not Applicable

Zip  
**34203**

Country  
**USA**

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

**LADD, KATRINA L  
 1027 HAGLE PARK RD.  
 BRADENTON FL 34202**

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 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 <b>Vice President</b>	<input type="checkbox"/> Delete
NAME <b>LADD, Michael T</b>	
STREET ADDRESS <b>211 57<sup>TH</sup> AVE. EAST</b>	
CITY-ST-ZIP <b>Bradenton, FL. 34203</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael T Ladd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/4/01 941-739-9810*

Date

Daytime Phone #

CR2E034 (10/00)