

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90127 034 \*\*\*150.00

**DOCUMENT # P00000075379**

**1. Entity Name**  
**MAMA FLEGO'S ITALIAN AMERICAN RESTAURANT, INC.**

**Principal Place of Business**

**3651 HWY 441 SE, SUITE 1**  
**OKEECHOBEE FL 34974**

**Mailing Address**

**3651 HWY 441 SE, SUITE 1**  
**OKEECHOBEE FL 34974**

**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**

**65-1092257**

**APPLIED FOR**

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**

**MARSHALL, GEORGE W JR.**

**3651 HWY 441 SE, SUITE 1**

**OKEECHOBEE FL 34974**

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**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**D**  
**MARSHALL, GEORGE W JR.**  
**6305 SE 30TH PARKWAY**  
**OKEECHOBEE FL 34974**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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☐ Change ☐ Addition

CR2E034 (9/01)

**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

**George W. Marshall, Jr**

Date

Daytime Phone #

**863-357-4764**