

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90032 014 \*\*\*150.00

**DOCUMENT # P01000073364**

1. Entity Name  
**NIMBLE RABBIT RESTAURANTS, INC.**

Principal Place of Business  
**10901 BRIGHTON BAY BLVD NE**  
**APT 7105**  
**SAINT PETERSBURG FL 33716**

Mailing Address  
**10901 BRIGHTON BAY BLVD NE**  
**APT 7105**  
**SAINT PETERSBURG FL 33716**

963036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**27 4th St W**  
 Suite, Apt. #, etc.

3. Mailing Address  
**10652 3rd St W**  
 Suite, Apt. #, etc.

City & State  
**St Petersburg FL**  
 Zip **33701** Country

City & State  
**St Petersburg FL**  
 Zip **33714** Country

4. FEI Number  
**59-3737920**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SAUDER, GLENN O**  
**10901 BRIGHTON BAY BLVD NE**  
**APT 7105**  
**SAINT PETERSBURG FL 33716**

**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.

SIGNATURE

**4/24/02**  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P SAUDER, GLENN O</b>	<b>10901 BRIGHTON BAY BLVD NE #7105</b>	<b>SAINT PETERSBURG FL 33716</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

**4/24/02** **727-895-1493**  
 Date Daytime Phone #

CR2E034 (9/01)