

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL -3 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000105132

1. Entity Name

PICK A DELI INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1055 4TH ST S

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

ST PETERSBURG FL

City &amp; State

4. FEI Number

59-3754742

Applied For

Not Applicable

Zip

33701

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

MERWAN GRADE

Street Address (P.O. Box Number, Not Applicable)

1055 4TH ST S

City

ST PETERSBURG

FL

Zip Code

33701

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

*Mervan Grade*

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

(NOTE: Registered Agent signature required when re-issuing)

6-26-02

(DATE)

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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	PSTD
NAME	MERWAN GRADE
STREET ADDRESS	1055 4TH ST S
CITY-STATE-ZIP	ST PETERSBURG FL 33701

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

DO NOT WRITE  
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mervan Grade*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-02

Date

Signature Number

CR2E034B (12/01)