

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90113 033 ***150.00

DOCUMENT # P94000014211

1. Entity Name
THE TUSCAN OVEN, INC.

Principal Place of Business 808 S HOWARD AVE TAMPA FL 33606 US	Mailing Address 808 S HOWARD AVE TAMPA FL 33606 US
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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 **65-0482182** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SZABO, STEPHEN J III
 201 N. FRANKLIN ST.
 SUITE 2100
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Michael H. Alden**
 Street Address (P.O. Box Number is Not Acceptable)
300 First Avenue North
 City **St. Petersburg** **FL** Zip Code **33701-3811**

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 *Michael H. Alden* **Michael H. Alden, Secretary** **2/5/01**
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	D <input checked="" type="checkbox"/> Delete
NAME	ROTTMAN, MATTHEW P
STREET ADDRESS	2904 SITIOS ST
CITY-ST-ZIP	TAMPA FL 33629
TITLE	H <input type="checkbox"/> Delete
NAME	MCHALE, THOMAS
STREET ADDRESS	8728 TANTALLON CIR
CITY-ST-ZIP	TAMPA FL 33647
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	C, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul A. Paluzzi
STREET ADDRESS	9415 Blind Pass Road, Suite 204
CITY-ST-ZIP	St. Pete Beach, FL 33706
TITLE	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas McHale
STREET ADDRESS	16001 Langhorne Court
CITY-ST-ZIP	Tampa, FL 33647
TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vincent Detore
STREET ADDRESS	RR #7, Box 156
CITY-ST-ZIP	Greensburg, PA 15601
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael H. Alden
STREET ADDRESS	300 First Avenue North
CITY-ST-ZIP	St. Petersburg, FL 33701-3811
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 H. Alden* **Michael H. Alden Secretary** **2/5/01** **727-896-1990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR1012

CR2E034 (10/00)