

**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 <b>808 S HOWARD AVE          TAMPA FL 33606          US</b>	Mailing Address <b>808 S HOWARD AVE          TAMPA FL 33606          US</b>
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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	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<del><b>ROTTMAN, MATTHEW P</b></del>
STREET ADDRESS	<del><b>2904 SITIOS ST</b></del>
CITY-ST-ZIP	<del><b>TAMPA FL 33629</b></del>
TITLE	<b>H</b> <input type="checkbox"/> Delete
NAME	<b>MCHALE, THOMAS</b>
STREET ADDRESS	<b>8728 TANTALLON CIR</b>
CITY-ST-ZIP	<b>TAMPA FL 33647</b>
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	<b>C, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Paul A. Paluzzi</b>
STREET ADDRESS	<b>9415 Blind Pass Road, Suite 204</b>
CITY-ST-ZIP	<b>St. Pete Beach, FL 33706</b>
TITLE	<b>P, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Thomas McHale</b>
STREET ADDRESS	<b>16001 Langhorne Court</b>
CITY-ST-ZIP	<b>Tampa, FL 33647</b>
TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Vincent Detore</b>
STREET ADDRESS	<b>RR #7, Box 156</b>
CITY-ST-ZIP	<b>Greensburg, PA 15601</b>
TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Michael H. Alden</b>
STREET ADDRESS	<b>300 First Avenue North</b>
CITY-ST-ZIP	<b>St. Petersburg, FL 33701-3811</b>
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 #

UBR01012

CR2E034 (10/00)