

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

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

Michael H. Alden, Secretary

2/5/01
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROTTMAN, MATTHEW P	
STREET ADDRESS	2904 SMITH 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael H. Alden Secretary 2/5/01 727-896-1990

Date Daytime Phone #

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

02-09-2001 90113 033 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)