

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90160 009 ***150.00

DOCUMENT # P96000050307

1. Entity Name

SPITFIRE GRILL, INC.

Principal Place of Business

10901-D ROOSEVELT BLVD #800
 ST. PETERSBURG FL 33716
 US

Mailing Address

10901-D ROOSEVELT BLVD #800
 ST. PETERSBURG FL 33716-2343
 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 **65-0679187**

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

7. Name and Address of New Registered Agent

FISHER, GREGORY H
5520 FIRST AVENUE NORTH
ST. PETERSBURG FL 33710

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 _____ (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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	GAGLIARDO, JOSEPH	
STREET ADDRESS	10901-D ROOSEVELT BLVD #800	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GAGLIARDO, DOROTHY	
STREET ADDRESS	10901-D ROOSEVELT BLVD #800	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PHYLLIS A GAGLIARDO	
STREET ADDRESS	10901-D ROOSEVELT BLVD #800	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 2/3/00 Daytime Phone #: 727-577-5005

CR2E034 (9/99)