

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050307

1. Entity Name
SPITFIRE GRILL, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90501 027 ***150.00

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
US

00042124



DO NOT WRITE IN THIS SPACE

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

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 _____
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
NAME PD
STREET ADDRESS GAGLIARDO, JOSEPH
CITY-ST-ZIP 10901-D ROOSEVELT BLVD #800
ST. PETERSBURG FL 33716 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME TD
STREET ADDRESS GAGLIARDO, DOROTHY
CITY-ST-ZIP 10901-D ROOSEVELT BLVD #800
ST. PETERSBURG FL 33716 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME SD
STREET ADDRESS PHYLLIS A GAGLIARDO
CITY-ST-ZIP 10901-D ROOSEVELT BLVD #800
ST. PETERSBURG FL 33716 ☒ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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

4/1/01 727-577-5005
Date Daytime Phone #

CR2E034 (10/00)

0384139