

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

03-28-2002 90349 029 ***158.75

DOCUMENT # **P96000072661**

1. Entity Name
B & A RESTAURANT, INC.

Principal Place of Business Mailing Address
~~1538 STICKNEY POINT ROAD~~ **4155 SOUTH TAMIAMI TR.** ~~1538 STICKNEY POINT ROAD~~ **4155 SOUTH TAMIAMI TR.**
 SARASOTA FL 34231 SARASOTA FL 34231



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **4155 SOUTH TAMIAMI TR.** 3. Mailing Address **4155 SOUTH TAMIAMI TR.**

Suite, Apt. #, etc. **SARASOTA** Suite, Apt. #, etc. **SARASOTA**

City & State **SARASOTA** City & State **SARASOTA**

4. FEI Number **65-0711765** Applied For Not Applicable

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

Zip **34231** Country **SARASOTA** Zip **34231** Country **SARASOTA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~EUGENIO ANTONIO
 112 DEGAS DRIVE
 NOKOMIS FL 34275~~ **DELETE**

Name **BRUNO PASQUALI PRES.**
 Street Address (P.O. Box Number is Not Acceptable) **4155 SOUTH TAMIAMI TR.**
SARASOTA
 City **SARASOTA** FL Zip Code **34231**

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 **BRUNO PASQUALI PRES.** DATE **4/18/02**

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, 2002 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 PT PASQUALI, BRUNO	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1538 STICKNEY POINT ROAD		STREET ADDRESS 4155 SOUTH TAMIAMI TR.	
CITY-ST-ZIP SARASOTA FL 34231		CITY-ST-ZIP SARASOTA FL 34231	
TITLE NAME VPS EUGENIO ANTONIO	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1538 STICKNEY POINT ROAD		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34231		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 empowerments.

SIGNATURE: **BRUNO PASQUALI PRES.** DATE **3/15/02** Daytime Phone # **941 929-7900**

CR2E034 (9/01)