

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90016 049 ***150.00

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1. Entity Name

LULU B'S RESTAURANT GROUP, INC.

Principal Place of Business

13101 BALD CYPRESS LANE
NAPLES FL 34119

Mailing Address

13101 BALD CYPRESS LANE
NAPLES FL 34119

2. Principal Place of Business - No P.O. Box #

425 RIDGE CT.

Suite, Apt. #, etc.

3. Mailing Address

425 RIDGE CT.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/06)

City & State

NAPLES, FL.

City & State

NAPLES, FL.

4. FEI Number

59-3435587

Applied For

Not Applicable

Zip

34108-2602

Country

COLLIER

Zip

34108-2602

Country

COLLIER

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLECEK, JERI L
13101 BALD CYPRESS LANE
NAPLES FL 34119

(NEW ADDRESS →

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

425 RIDGE CT.

City

NAPLES

FL

Zip Code

34108-2602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HOLECEK, JERI L
STREET ADDRESS 13101 BALD CYPRESS LANE
CITY - ST - ZIP NAPLES FL 34119

TITLE D ☐ Delete
NAME HOLECEK, BRUCE
STREET ADDRESS 13101 BALD CYPRESS LANE
CITY - ST - ZIP NAPLES FL 34119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bruce HOLECEK 3/8/07 239-592-6996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #