

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104851

1. Entity Name  
**BISTRO BISCOTTIS, INC.**

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90068 005 \*\*\*150.00

Principal Place of Business  
**3556 ST. JOHNS AVENUE  
JACKSONVILLE FL 32205**

Mailing Address  
**3556 ST. JOHNS AVENUE  
JACKSONVILLE FL 32205**

00042396



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1019 Hendricks Ave**

3. Mailing Address

**1019 Hendricks Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

4. FEI Number

**59-3547458**

Applied For

☒ Not Applicable

Zip **32207**

Country

**DOUAC**

Zip **32207**

Country

**DOUAC**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TUCKER, KARIN J  
3556 ST. JOHNS AVENUE  
JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name **Barbara Sutton**

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

**3556 St. Johns Ave**

City

**Jacksonville**

FL

Zip Code

**32205**

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

TITLE ☐ Delete  
NAME **D TUCKER, KARIN J**  
STREET ADDRESS **3556 ST. JOHNS AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE ☐ Delete  
NAME **D SUTTON, BARBARA H**  
STREET ADDRESS **3556 ST. JOHNS AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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

**Barbara H. Sutton**

Date

Daytime Phone #

**1-2401 904-360-0100**

CR2E034 (10/00)

0012300