

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jun 01, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000044706**

1. Entity Name  
**NAPOLI'S PIZZA CUISINE, INC.**

Principal Place of Business  
 1531 - 7 MONUMENT RD.  
 JACKSONVILLE FL 32225

Mailing Address  
 1531 - 7 MONUMENT RD.  
 JACKSONVILLE FL 32225

2. Principal Place of Business  
 1531 MONUMENT RD.

3. Mailing Address  
 1531 MONUMENT RD.

Suite, Apt. #, etc.  
 SUITE 7

Suite, Apt. #, etc.  
 SUITE 7

City & State  
 JACKSONVILLE FL

City & State  
 JACKSONVILLE FL

Zip  
 32225

Country

Zip  
 32225

Country

4. FEI Number  
**59-1066178**

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**

**SIMSIR MEHMET**  
 1531 - 7 MONUMENT RD.  
 JACKSONVILLE FL 32225  
 US

**7. Name and Address of New Registered Agent**

Name  
**WALLEY MAURICE L**  
 Street Address (P.O. Box Number is Not Acceptable)  
 1531 MONUMENT RD.  
 SUITE 7  
 City  
**JACKSONVILLE FL** Zip Code  
 32225

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 **MAURICE L. WALLEY**

**06/01/2001**

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	DVS	<input type="checkbox"/> Delete
NAME	<b>WALLEY MAURICE L</b>	
STREET ADDRESS	1531 - 7 MONUMENT RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	<b>WALLEY HONORINA</b>	
STREET ADDRESS	1531 - 7 MONUMENT RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
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		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: **MAURICE WALLEY**

DVS **06/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)