

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED

03 OCT -9 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P0000074651**

1. Entity Name  
**ORLANDO-BEACH PIZZA, INC.**



Principal Place of Business  
**2024 ROGERO ROAD  
JACKSONVILLE, FL 32244**  
*# 3047-2 ST. JOHNS BLUFF RD. S  
JACKSONVILLE, FL 32246*

Mailing Address  
**2024 ROGERO ROAD 3  
JACKSONVILLE, FL 32244**  
*3047-2 ST. JOHNS BLUFF RD S  
JACKSONVILLE, FL 32246*

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
*3047 ST. JOHNS BLUFF RD. S.  
SUITE 2*

Suite, Apt. #, etc.  
*SUITE 2*

City & State  
*JACKSONVILLE, FL*

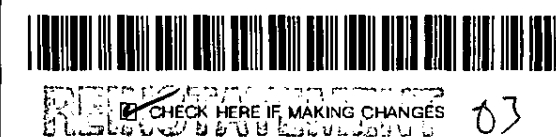
City & State  
*JACKSONVILLE, FL*

Zip  
*32246*

Country  
*USA*

Zip  
*32246*

Country  
*USA*



4. FEI Number  
**59-3663054**

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

6. Name and Address of Current Registered Agent  
**LEWIS, THOMAS R  
3047-2 ST JOHNS BLUFF RD S  
JACKSONVILLE, FL 32246**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE *10/7/03*

Signature, typed or printed name of registered agent and UBR applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$650.00  
Amended UBR is \$61.26  
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEWIS, THOMAS R</b> <b>3047-2 ST JOHNS BLUFF RD S</b> <b>JACKSONVILLE, FL 32246</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **THOMAS R. LEWIS** Date *9/15/03* **904 997 9411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)

*10/10*