

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0078434 AV

04-11-2002 90105 009 ***150.00

DOCUMENT # P00000112383

1. Entity Name
PAPA JOE'S PIZZA OF WATERFORD LAKES, INC

Principal Place of Business Mailing Address
111 N LONGWOOD ST STE 125 111 N LONGWOOD ST STE 125
LONGWOOD FL 32750 LONGWOOD FL 32750



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

851 N. ALAFAYA TRAIL
 Suite, Apt. #, etc. **SUITE Q01**

City & State City & State
ORLANDO, FL.
 Zip Country Zip Country
32826 U.S.A

4. FEI Number **59-3676754** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GRIMALDI, RICHARD
111 N LONGWOOD ST
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name **GRIMALDI RICHARD**
 Street Address (P.O. Box Number is Not Acceptable)
1412 SHADWELL CIR
 City **HEATHROW FL** Zip Code **32746**

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 _____ (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, 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 STREET ADDRESS CITY-ST-ZIP	D GRIMALDI, RICHARD 382 WINSFORD COURT HEATHROW FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIAMBRONE, GIUSEPPE 111 N LONGWOOD ST LONGWOOD FL 32750	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIMALDI, RICHARD 1412 SHADWELL CIR. HEATHROW, FL. 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIAMBRONE, GIUSEPPE 382 WINSFORD CT. HEATHROW, FL. 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Giuseppe Giambrone* **4/3/02** **(407) 767-7366**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)