FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90252 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
1. Entity Name Perfect 10 Pizza, Inc.
P03 000 46519

DO NOT WRITE IN THIS SPACE

54030827

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9860 Stringfellow Rd	110 SE 3rd St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Saint James City, FL	City & State: Cape Coral, FL
Zip 33956 Country Lee	Zip 33990 Country Lee

4. FEI Number 65-1184975 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Corporation Service Co.
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays St.
City Tallahassee **FL** Zip Code 32301

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P President	TITLE	
NAME	Robert T. Spatola	NAME	
STREET ADDRESS	110 SE 3rd St.	STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, FL 33990	CITY-ST-ZIP	
TITLE	V Vice President	TITLE	
NAME	Linda I Spatola	NAME	
STREET ADDRESS	110 SE 3rd St.	STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, FL 33990	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Spatola Robert Spatola 4-10-04 239-574-4322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #