2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAI

FILED Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P93000014433 1. Entity Name PIZZA GONNECTION, INC. 03-12-2001 90020 031 ***150.00 Principal Place of Business Mailing Address 1602-1 S FED HWY 1602-1 S FED HWY **BOYNTON BEACH FL 33435** BOYNTON BEACH FL 33435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0390573 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SETTICASI, STEVE Street Address (P.O. Box Number is Not Acceptable) 2 SABAL ISLAND DR OCEAN RIDGE FL 33435 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITI F ☐ Delete TITI F Change Addition SETTICASI, STEPHANE NAME NAME 2 SABAL ISLAND DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCEAN RIDGE FL CITY-ST-ZIP DST ☐ Addition TITI F ☐ Delete TITI F ☐ Change SETTICASI, STEPHANIE NAME NAME STREET ADDRESS 2 SABAL ISLAND DR STREET ADDRESS CITY-ST-ZIP OCEAN RIDGE FL CITY-ST-ZIP Delete ____Change ___ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the 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. ephanie 5 ethicas