

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91598 018 ***550.00

DOCUMENT # P93000082382
 1. Entity Name
PAPA JOE'S OF WINTER PARK, INC.

Principal Place of Business 1344 WEST COLONIAL DRIVE ORLANDO FL 32804	Mailing Address 455 SAXON BLVD DELTONA FL 32725 US
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2. Principal Place of Business 501 N. ORLANDO Suite, Apt. #, etc. SUITE 145	3. Mailing Address 111 N. LONGWOOD ST. Suite, Apt. #, etc. SUITE 125
City & State WINTER PARK, FL.	City & State LONGWOOD, FL.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3209778	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent GRIMALDI, RICHARD 1412 SHADWELL CIR HEATHROW FL 32746	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete GRIMALDI, RICHARD 1412 SHADWELL CIR. HEATHROW FL 32746	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input type="checkbox"/> Delete GIAMBRONE, GINSEPPE 455 SAXON BLVD. DELTONA FL 32725	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VP GIAMBRONE GIUSEPPE 382 WINSFORD CT. HEATHROW, FL. 32746
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<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* **5/16/01** **(407) 221-3550**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/00)