

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90161 004 ***150.00

DOCUMENT # P99000000066

1. Entity Name

American Pizza Management, Inc. N/C 1/25/00

Principal Place of Business

10584-1 St. Augustine Rd.
 Jacksonville, FL 32257

Mailing Address

10584-1 St. Augustine Rd.
 Jacksonville, FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3594681

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

A0065035

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Kent H. Schmidt
 10584-1 St. Augustine Rd.
 Jacksonville, FL 32257

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	Schmidt, Kent H	1003 Greenridge Rd.	Jacksonville FL 32207	<input type="checkbox"/>
D	Schmidt, Cyndi G	1003 Greenridge Rd.	Jacksonville FL 32207	<input type="checkbox"/>
D	Efstathion, James H.	13201 Mandarin Rd.	Jacksonville FL 32223	<input type="checkbox"/>
D	Efstathion, Cheryl T	13201 Mandarin Rd	Jacksonville FL 32223	<input type="checkbox"/>
V. Pres. of Operations	Brian M. Bergeron	8857 Timberjack Ln.	Jacksonville FL 32256	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)