

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90050 029 ***150.00

DOCUMENT # **PA01000064881**

1. Entity Name
Pennyfield Avenue Pizza Company

Principal Place of Business Mailing Address
Belleview Square → 10831 SE Hwy 441
Belleview FL

2. Principal Place of Business 3. Mailing Address
2320 SE 38th Ct Ocala, FL 34471 34420
Belleview 2320 SE 38th Ct

City & State City & State
Ocala, FL
 Zip Country Zip Country
34471 USA

4. FEI Number Applied For
59-3599444- Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Daryl Nedelecky Atty.

7. Name and Address of New Registered Agent
 Name **Same Daryl Nedelecky**
 Street Address (P.O. Box Number is Not Acceptable) **1650 Northwest 38th Ave**
 City **Ocala FL FL 34482**

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	President	<input type="checkbox"/> Delete
NAME	Beth Thomson	
STREET ADDRESS	2320 SE 38th Ct	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Robert Thomson	
STREET ADDRESS	2320 SE 38th Ct	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Robert Thomson	
STREET ADDRESS	Same	
CITY-ST-ZIP	2320 SE 38th Ct Ocala, 34471	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Beth Thomson	
STREET ADDRESS	Same	
CITY-ST-ZIP	2320 SE 38th Ct 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: **Beth Thomson** **Beth Thomson** 4/25 352-347-6455
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)