

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
~~2320 SE 38th Ct~~ **Ocala, FL 34471 34420**

2. Principal Place of Business 3. Mailing Address
Belleview **2320 SE 38th Ct**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

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

4. FEI Number **59-3599444-** Applied For 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 _____ (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 <input type="checkbox"/> Delete President	NAME Beth Thomson STREET ADDRESS 2320 SE 38th Ct CITY-ST-ZIP Ocala, FL 34471
TITLE <input type="checkbox"/> Delete Vice President	NAME Robert Thomson STREET ADDRESS 2320 SE 38th Ct Ocala, FL 34471
TITLE <input type="checkbox"/> Delete Treasurer	NAME Robert Thomson STREET ADDRESS Same CITY-ST-ZIP 2320 SE 38th Ct Ocala, FL 34471
TITLE <input type="checkbox"/> Delete Secretary	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
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
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME

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)