

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90284 025 \*\*\*158.75

10-406919

**DOCUMENT # P99000086072**

1. Entity Name  
**SEGRETI'S PIZZA & SUBS, INC.**

Principal Place of Business <b>7449 W. GROVER CLEVELAND BLVD          HOMOSASSA FL 34446</b>	Mailing Address <b>7449 W. GROVER CLEVELAND BLVD          HOMOSASSA FL 34446</b>
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2. Principal Place of Business <b>1239 S. Suncoast Blvd</b> Suite, Apt. #, etc.	3. Mailing Address <b>1239 S. Suncoast Blvd</b> Suite, Apt. #, etc.
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City & State <b>Homosassa, FL</b>	City & State <b>Homosassa, FL</b>
Zip <b>34448</b>	Country <b>CITRUS</b>



4. FEI Number <b>59-3602976</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**KIDD, ELIZABETH S  
 4160 S OAKWURST DR  
 HOMOSASSA FL 34446**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> 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"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>KIDDS, ELIZABETH S</b>	
STREET ADDRESS <b>4160 S. OAKHURST DR.</b>	
CITY-ST-ZIP <b>HOMOSASSA FL 34446</b>	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>SEGRETI, MICHAEL A</b>	
STREET ADDRESS <b>4160 S OAKHURST DR</b>	
CITY-ST-ZIP <b>HOMOSASSA FL 34446</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>HIMES, ALEX C</b>	
STREET ADDRESS <b>4134 N MITCHUM PT</b>	
CITY-ST-ZIP <b>CRYSTAL RIVER FL 34428</b>	
TITLE <b>T</b>	<input type="checkbox"/> Delete
NAME <b>HIMES, RISA A</b>	
STREET ADDRESS <b>4134 N MITCHUM PT</b>	
CITY-ST-ZIP <b>CRYSTAL RIVER FL 34428</b>	
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	
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: Elizabeth S Kidd **ELIZABETH S Kidd** Date: 4/20/01 Daytime Phone #: 352-795-7612

CFR2E034 (10/00)