

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002999

1. Entity Name
MARK'S PIZZERIA, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90071 033 ***150.00

Principal Place of Business Mailing Address
~~242 EAST MAIN STREET~~ ~~242 EAST MAIN STREET~~
~~PALMYRA NY 14522~~ ~~PALMYRA NY 14522~~

00006518



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1 BOWNS Hill LANE 240 E. MAIN ST.
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
FAIRPORT NY PALMYRA NY
Zip Country Zip Country
14450 USA 14522 USA

4. FEI Number 16-1453645 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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	PCD	<input type="checkbox"/> Delete
NAME	CRANE, MARK S	
STREET ADDRESS	242 EAST MAIN STREET	
CITY-ST-ZIP	PALMYRA NY 14522	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CRANE, JEFFREY	
STREET ADDRESS	242 EAST MAIN STREET	
CITY-ST-ZIP	PALMYRA NY 14522	
TITLE	S	<input type="checkbox"/> Delete
NAME	CRANE, SAMANTHA	
STREET ADDRESS	242 EAST MAIN STREET	
CITY-ST-ZIP	PALMYRA NY 14522	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRANE, MARLENE	
STREET ADDRESS	242 EAST MAIN STREET	
CITY-ST-ZIP	PALMYRA NY 14522	
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: MARK S. CRANE

Date 1/8/01 Daytime Phone #

CR2E034 (10/00)