

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F43559**

1. Entity Name
PROUD PIZZA, INC.

FILED

01 NOV 13 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700004703157--3

-12/03/01--D1089--022

*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business
1787 W. Main Street
Inverness, F. 34450

Mailing Address
5653 S. Pleasant Grove Road
Inverness, FL 34452

2. Principal Place of Business
1787 W. Main Street
Suite, Apt. #, etc.

3. Mailing Address
5653 S. Pleasant Grove Road
Suite, Apt. #, etc.

City & State
Inverness, FL

City & State
Inverness, FL 34452

4. FEI Number
59 2116254

Applied For
 Not Applicable

Zip
34450

Country
USA

Zip
34452

Country
USA

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

6. Name and Address of Current Registered Agent

Jan Bryant
3129 S. Oleander Terrace
Inverness, FL 34450

7. Name and Address of Now Registered Agent

Name
Paula Lancaster
Street Address (P.O. Box Number is Not Acceptable)
5653 S. Pleasant Grove Road

City
Inverness **FL** **34452**

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 *Paula S Lancaster*
PAULA LANCASTER

11/7/01

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 \$180.00
After MAY 1, 2001 Fee will be \$330.00
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/Director	<input checked="" type="checkbox"/> Delete
NAME Janet Bryant	
STREET ADDRESS 3129 S. Oleander Terrace	
CITY-ST-ZIP Inverness, FL 34450	
TITLE Director	<input checked="" type="checkbox"/> Delete
NAME Tillie Bluth	
STREET ADDRESS RR8	
CITY-ST-ZIP Bemidji, MN	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 President/Director/Sec/Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Paula Lancaster	
STREET ADDRESS 5653 S. Pleasant Grove Road	
CITY-ST-ZIP Inverness, FL 34452	
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 *Paula S Lancaster*
PAULA LANCASTER

11/7/01 (352) 344-5454

CR2E034 (11/00)

SP