

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000006045**

1. Entity Name

PIZZUTI EQUITIES OF FLORIDA INC.**FILED****Apr 10, 2001 8:00 am**
Secretary of State

04-10-2001 90027 050 ***150.00

0565327

| | |
|---|---|
| Principal Place of Business 250 EAST BROAD STREET, SUITE 1900 COLUMBUS OH 43215 | Mailing Address 250 EAST BROAD STREET, SUITE 1900 COLUMBUS OH 43215 |
|---|---|

00043751

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|---|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 31-1450277 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent**SIMBACK, KENNETH P
255 SOUTH ORANGE AVE., SUITE 1350
ORLANDO FL 32801****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

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, 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 | CP | <input type="checkbox"/> Delete |
| NAME | PIZZUTI, RONALD A | |
| STREET ADDRESS | 250 EAST BROAD STREET, SUITE 1900 | |
| CITY-ST-ZIP | COLUMBUS OH 43215 | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | DALEY, RICHARD C | |
| STREET ADDRESS | 250 EAST BROAD STREET, SUITE 1900 | |
| CITY-ST-ZIP | COLUMBUS OH 43215 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CRAMER, JAMES P | |
| STREET ADDRESS | 250 EAST BROAD STREET, SUITE 1900 | |
| CITY-ST-ZIP | COLUMBUS OH 43215 | |
| 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 | | <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 | | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P. CRAMER

Date

Daytime Phone #

CR2E034 (10/00)