

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F98000004215**

1. Entity Name

**SOUTHERN PIZZA COMPANY****FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90331 021 \*\*\*150.00

063196

Principal Place of Business Mailing Address  
**110 PROFESSIONAL PLAZA** **P OBOX 382**  
**GREENWOOD MS 38930** **GREENWOOD MS 38935-0382**

**639430**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. **P.O. Box 9382**  
Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country  
**38935-9382**

4. FEI Number **64-0674140** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**PLEAT, DAVID B ESQ.**  
**4477 LEGENDARY DRIVE, SUITE 202**  
**DESTIN FL 32541**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CP SINGH, BHUPINDER 110 PROFESSIONAL PLAZA GREENWOOD MS 38930</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST SINGH, KATHRYN B 110 PROFESSIONAL PLAZA GREENWOOD MS 38930</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Bhupinder Singh** **BHUPINDER SINGH, PRESIDENT** 3/16/01 662-455-1616  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)