

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90060 045 ***150.00

0629562
 AB

DOCUMENT # F98000004215

1. Entity Name

SOUTHERN PIZZA COMPANY

Principal Place of Business

**110 PROFESSIONAL PLAZA
 GREENWOOD MS 38930**

Mailing Address

**PO BOX 9382
 GREENWOOD MS 38935-0382**

2. Principal Place of Business

4742 WESTWINDS DR.

3. Mailing Address

P.O. BOX 9382

Suite, Apt. #, etc.

4742

Suite, Apt. #, etc.

City & State

DESTIN, FL.

City & State

GREENWOOD, MS.

4. FEI Number

64-0674140

Applied For

Not Applicable

Zip

32541

Country

U.S.A.

Zip

38930-0004

Country

U.S.A.

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

6. Name and Address of Current Registered Agent

PLEAT, DAVID B ESQ.

4477 LEGENDARY DRIVE, SUITE 202

DESTIN FL 32541

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, 2002 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 ☐ Delete
 NAME **CP SINGH, BHUPINDER**
 STREET ADDRESS **110 PROFESSIONAL PLAZA**
 CITY-ST-ZIP **GREENWOOD MS 38930**

TITLE ☐ Delete
 NAME **VST SINGH, KATHRYN B**
 STREET ADDRESS **110 PROFESSIONAL PLAZA**
 CITY-ST-ZIP **GREENWOOD MS 38930**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2002

Date

662-455-1616

Daytime Phone #

CR2E034 (9/01)