

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**  
 05-18-2001 91239 047 \*\*\*150.00

DOCUMENT # F98908

1. Entity Name

F.M. PIZZA, INC.

Principal Place of Business

Mailing Address

1949 Coronado Road  
 Fort Myers, FL 33901

1949 Coronado Road  
 Fort Myers, FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2219505

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

A0062604

6. Name and Address of Current Registered Agent

Bigelow, Robert Savage, II  
 1470 Passaic Avenue  
 Fort Myers, FL 33901

7. Name and Address of New Registered Agent

Name  
 Bigelow, Robert Savage, II

Street Address (P.O. Box Number is Not Acceptable)  
 6321 Aragon Way, #108

City  
 Fort Myers

FL

Zip Code  
 33912

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 PD  
 NAME Bigelow, Robert S., II ☐ Delete  
 STREET ADDRESS 1470 Passaic Avenue  
 CITY-ST-ZIP Fort Myers, FL 00000

TITLE PD  
 NAME Bigelow, Robert S., II ☒ Change ☐ Addition  
 STREET ADDRESS 6321 Aragon Way, #108  
 CITY-ST-ZIP Fort Myers, FL 33912

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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:

ROBERT S. BIGELOW, II, PRESIDENT

4-16-01

941-337-5200

Date

Daytime Phone #

CR2034 (1/1/00)