

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G41840

1. Entity Name  
NERO'S PIZZA BY THE SLICE, INC.

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90058 011 \*\*\*150.00

Principal Place of Business  
% PAUL D'ALTO  
STORE H-12, OAKS MALL, NEWBERRY RD.  
GAINESVILLE FL 32607-4436

Mailing Address  
2413 N.W. 19TH DR.  
STORE H-12, OAKS MALL, NEWBERRY RD.  
GAINESVILLE FL 32609  
US

B0048190



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2413 NE 19TH DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
2413 NE 19TH DRIVE  
Suite, Apt. #, etc.

City & State  
GAINESVILLE FL

City & State  
GAINESVILLE FL

Zip  
32609

Country  
USA

Zip  
32609

Country  
USA

4. FEI Number 59-2326092

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

D'ALTO, PAUL  
3005 SW 70 LANE  
GAINESVILLE FL 32609

## 7. Name and Address of New Registered Agent

Name  
D'ALTO, PAUL

Street Address (P.O. Box Number is Not Acceptable)  
3005 SW 70TH LANE

City  
GAINESVILLE FL

Zip Code  
32608

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 \_\_\_\_\_ (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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
D'ALTO, PAUL  
3005 SW 70 LANE  
GAINESVILLE FL 32608

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
D'ALTO, ANTHONY  
47 CHARCOAL HILL RD.  
WESTPORT CT 06880

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
D'ALTO, ANTHONY  
1 LYONS- PLAIN ROAD  
WESTON, CT 06883

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: PAUL D'ALTO 5/26/01 352-312-1720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)