

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90105 027 ***150.00

DOCUMENT # K70328

1. Entity Name
DOUBLES PIZZA OF CRESTVIEW, INC.

Principal Place of Business

**2203 S FERDON BLVD.
 CRESTVIEW FL 32536
 US**

Mailing Address

**2203 S FERDON BLVD.
 CRESTVIEW FL 32536
 US**

2. Principal Place of Business

**4479 SE 109TH ST
 Suite, Apt. #, etc.**

3. Mailing Address

**4479 SE 109TH ST
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

BELLEVIEW FL

City & State

BELLEVIEW FL

4. FEI Number

59-2938082

Applied For

☐ Not Applicable

Zip

34420

Country

US

Zip

34420

Country

US

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MANGANELLO, DOMINIC S.
 1305 VALLEY RD.
 CRESTVIEW FL 32536**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4479 SE 109TH ST

City

BELLEVIEW

FL

Zip Code

34420

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]

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 NAME STREET ADDRESS CITY-ST-ZIP	P MANGANELLO, DOMINIC S. 1305 VALLY RD CRESTVIEW FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANGANELLO, KAREN A. 1305 VALLY RD CRESTVIEW FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4479 SE 109TH ST BELLEVIEW FL 34420	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4479 SE 109TH ST BELLEVIEW FL 34420	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Apr 02

Date

352 347 5011

Daytime Phone #

CP2E034 (9/01)