

2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015831

1. Entity Name

CTA PIZZA, LLC

Principal Place of Business

521 Ehrlich Rd
#112 B
Tampa FL 33624

Mailing Address

SAME

2. Principal Place of Business

521 Ehrlich Rd
Suite, Apt. #, etc.
#112 B

3. Mailing Address

521 Ehrlich Rd
Suite, Apt. #, etc.
#112 B

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

22-3772815

Applied For

Not Applicable

Zip

33624

Country

USA

Zip

33624

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Charles Johnson
521 Ehrlich Rd
#112 B
Tampa FL 33624

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	managing member	<input type="checkbox"/> Delete
NAME	Charles P Johnson	
STREET ADDRESS	9411 Lone tree Ln	
CITY-ST-ZIP	Tampa FL 33618	
TITLE	Ravis Goss Jr	<input type="checkbox"/> Delete
NAME	12222 N. Armenia Ave	
STREET ADDRESS	Tampa FL	
CITY-ST-ZIP	33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600004416126--7	
STREET ADDRESS	--06/12/01--01062--018	
CITY-ST-ZIP	*****50.00 *****50.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/17/01

813-968-4994

Date

Daytime Phone #

CR2E083 (11/00)