

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

06-23-2003 90001 036 ****50.00
F.L. L02000007819
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 26 PM 2:48

DOCUMENT # L02000007819

1. Entity Name

RED ROSE PIZZERIA, ETC. LLC



Principal Place of Business

8730 THOMAS DRIVE
SUITE 1108
PANAMA CITY BEACH FL 32408
US

Mailing Address

8730 THOMAS DRIVE
SUITE 1108
PANAMA CITY BEACH FL 32408
US

2. Principal Place of Business

3. Mailing Address



☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

8501 Thomas Dr.

Suite, Apt. #, etc.

8501 Thomas Dr.

City & State

PCB FL

City & State

PCB FL

4. FEI Number

59-3086207

Applied For

Not Applicable

Zip

32408

Country

FL

Zip

32408

Country

FL

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUGICH, MICHILENE
8730 THOMAS DRIVE
SUITE 1108
PANAMA CITY BEACH FL 32408

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FUGICH, MICHILENE
8730 THOMAS DRIVE, SUITE 1108
PANAMA CITY BEACH FL 32408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8501 Thomas Drive
PCB FL 32408 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FUGICH, DORIS E
8730 THOMAS DRIVE, SUITE 1108
PANAMA CITY BEACH FL 32408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8501 Thomas Drive
PCB FL 32408 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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

Michilene Fugich

6/21/03

850-233 0955

Date

Daytime Phone #

CR2003 (10/02)