

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99 000004523**

1. Entity Name

Side Out Pizza, L.C.

Principal Place of Business

Mailing Address

**4267 W. U.S. Hwy 90
Lake City, FL
32025**

**2659 Ulmerton Rd.
Clearwater FL 33762**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3590139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 APR 30 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600004221076--9

-05/16/01--01126--017

*******50.00 *****50.00**

6. Name and Address of Current Registered Agent

**Wilson, David A Esquire
5025 West Lemon Street
Tampa, FL 33609**

7. Name and Address of New Registered Agent

Name **Philip Rands**

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

2659 Ulmerton Rd.

City **Clearwater**

FL

Zip Code **33762**

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.

Philip Rands

(NOTE: Registered Agent signature required when reinstating)

4-26-01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE **MGR** ☐ Delete
NAME **Rands, Philip**
STREET ADDRESS **2659 Ulmerton Road**
CITY-ST-ZIP **Clearwater, FL 33762**

TITLE **Member** ☐ Delete
NAME **Team St. Pete, Inc.**
STREET ADDRESS **2659 Ulmerton Rd.**
CITY-ST-ZIP **Clearwater, FL 33762**

TITLE **Member** ☐ Delete
NAME **Kenneth E. Grey**
STREET ADDRESS **RT 10 BOX 460-2**
CITY-ST-ZIP **Lake City, FL 32025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Member** ☐ Change ☒ Addition
NAME **South East Print**
STREET ADDRESS **6005 Benjamin Rd.**
CITY-ST-ZIP **Tampa, FL 33634**

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

TITLE ☒ Change ☐ Addition
NAME **Member**
STREET ADDRESS **Kenneth E. Grey**
CITY-ST-ZIP **RT 10 BOX 460
Lake City, FL 32025**

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

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

TITLE ☐ Change ☐ 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

Philip Rands

4-26-01

Date

727-571-1281

Daytime Phone #

CR2E083 (11/00)