

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90010 031 ***150.00

0353906

DOCUMENT # M70287

1. Entity Name
E.M.-J. PIZZA, INC.

Principal Place of Business
**3216 SOUTH DALE MABRY
 TAMPA FL 33629**

Mailing Address
**3216 SOUTH DALE MABRY
 TAMPA FL 33629**

000020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2877978**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEAR, ROBERT L.
 SUITE 204
 2420 ENTERPRISE ROAD
 CLEARWATER FL 34623**

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 _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PD** Delete
 NAME: **GERMAIN, EDWARD A.**
 STREET ADDRESS: **6684 25TH STREET NORTH**
 CITY-ST-ZIP: **ST. PETERSBURG FL**

TITLE: Change Addition

TITLE: **STD** Delete
 NAME: **GERMAIN, MICHAEL C.**
 STREET ADDRESS: **5802 98TH AVE NO.**
 CITY-ST-ZIP: **PINELLAS PARK FL**

TITLE: Change Addition

TITLE: **VD** Delete
 NAME: **HEARN, JAMES R.**
 STREET ADDRESS: **136 LAKE SHORE DR. NO.**
 CITY-ST-ZIP: **PALM HARBOR FL**

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: 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, and all other like empowered.

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

Date: **1-9-01**

Daytime Phone #: **727-525-5494**

CR2E034 (10/00)