

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90279 024 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000013647
1. Entity Name
 R.J'S Pizzeria & Subs Inc.

Principal Place of Business **Mailing Address**
 R.J'S Pizzeria & Subs Inc. R.J'S Pizzeria & Subs Inc.
 3597 N. LECANTO HWY 3597 N. LECANTO HWY
 Beverly Hills FL Beverly Hills, FL
 34465 34465

2. Principal Place of Business **3. Mailing Address**
 RJS Pizzeria & Subs Inc. 3597 N. LECANTO HWY
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Beverly Hills, FL Beverly Hills FL
Zip **Country** **Zip** **Country**
 34465 Citrus 34465 Citrus

4. FEI Number **Applied For**
 59-362-5049 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 John Goodpaster
 9610 Lotus Pt
 Homosassa, FL 34448

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒
 (See criteria on back)

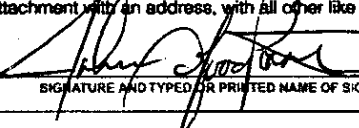
FILE NOW!! FEE IS \$150.00
AFTER MAY 1, 2001 Fee will be \$550.00
Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE	NAME	☐ Delete
STREET ADDRESS	John Goodpaster	
CITY-ST-ZIP	9610 Lotus Pt Homosassa, FL 34448	
TITLE	NAME	☐ Delete
STREET ADDRESS	V. President Tina Goodpaster	
CITY-ST-ZIP	9610 Lotus Pt. Homosassa FL 34448	
TITLE	NAME	☐ Delete
STREET ADDRESS	Secretary Ron Rasmussen	
CITY-ST-ZIP	9691 Lotus Pt. Homosassa FL 34448	
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:  **4-27-01** **352-746-9070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)