

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90133 010 ***150.00

DOCUMENT # P00000013647

1. Entity Name
RJ'S PIZZERIA & SUBS, INC.



Principal Place of Business
3597 N. LECANTO HWY
BEVERLY HILLS FL 34465

Mailing Address
3597 N. LECANTO HWY
BEVERLY HILLS FL 34465

2. Principal Place of Business

3601 N LECANTO Hwy

3. Mailing Address

3601 N LECANTO Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BEVERLY HILLS, FL

City & State

BEVERLY HILLS, FL

Zip

34465

Country

CITRUS

Zip

34465

Country

CITRUS

4. FEI Number 59-3625049

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GOODPASTER, JOHN

9610 LOTUS PT

HOMOSASSA FL 34448

12 S JEFFERSON
BEVERLY HILLS, FL 34465

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GOODPASTER, JOHN	
STREET ADDRESS	9610 LOTUS PT.	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GOODPASTER, TINA	
STREET ADDRESS	9610 LOTUS PT	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RASMUSSEN, RON	
STREET ADDRESS	9691 LOTUS PT	
CITY-ST-ZIP	HOMOSASSA FL 34448	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODPASTER, JOHN	
STREET ADDRESS	12 S JEFFERSON	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

4/2/03

352-746-3863

CR2E034 (10/02)