

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90175 006 \*\*\*150.00

**DOCUMENT # P00000052474**

1. Entity Name  
**GOODFELLAS PIZZA, INC.**

Principal Place of Business

**2120 CRAWFORDVILLE  
 CRAWFORDVILLE FL 32327**

Mailing Address

**2120 CRAWFORDVILLE  
 CRAWFORDVILLE FL 32327**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2615 Crawfordville Hwy**

Suite, Apt. #, etc.  
**#101**

City & State  
**Crawfordville, FL**

Zip  
**32327**

Country  
**Wakulla**

3. Mailing Address

**2615 Crawfordville Hwy**

Suite, Apt. #, etc.  
**#101**

City & State  
**Crawfordville, FL 32327**

Zip  
**32327**

Country  
**Wakulla**

4. FEI Number  
**58-2548032**

Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**RASMUSSEN, ANNA  
 80 SAWGRASS DR  
 CRAWFORDVILLE FL 32327**

7. Name and Address of New Registered Agent

Name  
**Anna Rasmussen**

Street Address (P.O. Box Number is Not Acceptable)  
**9 North Ct.**

City  
**Crawfordville** **FL** Zip Code  
**32327**

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 *ARasmussen* *ANNA RASMUSSEN* *1/7/02*  
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, 2002 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RASMUSSEN, DEREK</b>	
STREET ADDRESS	<b>80 SAWGRASS DR</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32327</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>RASMUSSEN, ANNA</b>	
STREET ADDRESS	<b>80 SAWGRASS DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32327</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9 North Ct</b>	
STREET ADDRESS	<b>Crawfordville, FL 32327</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9 North Ct</b>	
STREET ADDRESS	<b>Crawfordville, FL 32327</b>	
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		

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: *ARasmussen* *ANNA RASMUSSEN* *1/7/02* *(850) 926-8608*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)