

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-05-2001 91105 024 ***150.00

DOCUMENT # P00000067565

1. Entity Name

4-G PIZZA, INC.

Principal Place of Business

Mailing Address

**14343 TAMBORINE DRIVE
 ORLANDO FL 32837**

**14343 TAMBORINE DRIVE
 ORLANDO FL 32837**

2. Principal Place of Business

3. Mailing Address

200 S. ORANGE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2300

City & State

City & State

ORLANDO 32801

Zip

Country

Zip

Country

FL

USA

4. FEI Number

59-3659834

Applied For

Not Applicable

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

**A.G.C. CO.
 200 SOUTH ORANGE AVENUE
 SUNTRUST CENTER - #2300
 ORLANDO FL 32802**

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 certifying.)

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

TITLE	D	☐ Delete
NAME	STEWART, ARTHUR D	
STREET ADDRESS	290 FERN HILL DRIVE	
CITY-STATE-ZIP	OWENSBORO KY 42301	
TITLE	D	☐ Delete
NAME	STEWART, MICHAEL J	
STREET ADDRESS	1434 TAMBORINE DRIVE	
CITY-STATE-ZIP	ORLANDO FL 32837	
TITLE	D	☐ Delete
NAME	SANDERS, HOWARD R	
STREET ADDRESS	16 STONE CREEK PARK	
CITY-STATE-ZIP	OWENSBORO KY 42303	
TITLE	D	☐ Delete
NAME	THOMAS, WILLIAM J	
STREET ADDRESS	14201 LAKE UNDERHILL ROAD	
CITY-STATE-ZIP	ORLANDO FL 32828	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	14343 Tamborine Drive	
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

Michael J. Stewart
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

407-251-2777

Date

Daytime Phone

CR2E034 (10/00)