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2002 Uniform Business Report (UBR)

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # P00000067565 1. Entity Name 04-02-2002 90974 014 ***150 00 4-G PIZZA, INC. Principal Place of Business Mailing Address 14343 TAMBORINE DRIVE 200 \$. ORANGE AVE ORLANDO FL 32837 **SUITE 2300** ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3659834 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required --- 6. Name and Address of Current Registered Agent - -- -7.-Name and Address of New Registered Agent Name A.G.C. CO. Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SUNTRUST CENTER - #2300 ORLANDO FL 32802 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so, After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete Change ☐ Addition TITLE TITLE NAME STEWART, ARTHUR D NAME 290 FERN HILL DRIVE STREET ADDRESS STREET ADDRESS **OWENSBORO KY 42301** CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME STEWART, MICHAEL J NAME STREET ADDRESS STREET ADDRESS 14343 TAMBORINE DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 and the second of the second Change 1 TITLE ها چاه او المحريب مياند در بازيد پيريب شده کال Delete 🗖 🚾 NAME SANDERS, HOWARD R NAME STREET ADDRESS 16 STONE CREEK PARK STREET ADDRESS CITY-ST-7IP OWENSBORO KY 42303 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME THOMAS, WILLIAM J NAME STREET ADDRESS 150 SCHOOL HOUSE CREEK RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SAINT MARYS GA 31558 Sec/Treasurer Teresa K. Stewart 14343 Tamborine Drive Addition TITLE ☐ Delete ☐ Change TITLE. **43**7 NAME NAME STREET ADDRESS STREET ADDRESS Orlando, FL 32837 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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