

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90003 040 ***150.00

DOCUMENT # P00000077004

1. Entity Name
MIDDLEBURG PIZZA, INC.

Principal Place of Business
**2620 BLANDING BLVD.
 MIDDLEBURG FL 32068**

Mailing Address
**P.O. BOX 115
 DOCTORS INLET FL 32030**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 30115

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DOCTORS Inlet, FL.

4. FEI Number

59-3667165

Applied For

Not Applicable

Zip

Country

Zip

32030

Country

U.S.A.

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

**SHEAR, ROBERT L ESQUIRE
 2790 SUNSET POINT ROAD
 CLEARWATER FL 33759**

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **GERMAIN, GERALD**
 STREET ADDRESS **PO BOX 115**
 CITY-ST-ZIP **DOCTORS INLET FL 32030**

TITLE ☒ Change ☐ Addition
 NAME **1703 Pelican Place**
 STREET ADDRESS **Middleburg, FL 32068**
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **SMITH, CHRISTOPHER**
 STREET ADDRESS **6306 BAYSIDE DR.**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☒ Change ☐ Addition
 NAME **7511 Westshore Drive**
 STREET ADDRESS **New Port Richey, FL 34652**
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **BROWN, DANIEL**
 STREET ADDRESS **1101 BLANDING BLVD**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☒ Change ☐ Addition
 NAME **50**
 STREET ADDRESS **2316 Locustwood**
 CITY-ST-ZIP **Orange Park, FL 32073**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **TD**
 STREET ADDRESS **Matthew Mullane**
 CITY-ST-ZIP **11045 Knottingby Dr.
 Jacksonville, FL 32257**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Gerald Germain** **GERALD GERMAIN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02 **904.2760472**
 Date Daytime Phone #

CR2E034 (9/01)