

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 15, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90357 026 \*\*\*150.00

**DOCUMENT # P00000084698**

1. Entity Name.

**MAMA'S PIZZA, INC.**

*CA*

Principal Place of Business

7523 S. TAMiami TRAIL  
 SARASOTA FL 34231

Mailing Address

7523 S. TAMiami TRAIL  
 SARASOTA FL 34231

2. Principal Place of Business

*ABOVE*

3. Mailing Address

*ABOVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

*65-1038902*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ROACH, SHERRY M**  
**7600 PENINSULAR DR.**  
**SARASOTA FL 34231**

*SHERY Roach*  
*120 Bayview Ln.*  
*Osprey, MI*  
*34229*

7. Name and Address of New Registered Agent

Name *SHERRY ROACH*  
 Street Address (P.O. Box Number is Not Acceptable) *120 Bayview Ln.*

City *Osprey* State *MI* Zip Code *34229*

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 *Sherry M. Roach* *6/20/01*  
(NOTE: Registered Agent signature required when reinstating)

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 *President*  
 NAME *SHERRY M. ROACH*  
 STREET ADDRESS *120 Bayview Ln.*  
 CITY-ST-ZIP *Osprey, MI 34229*

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 STREET ADDRESS *120 Bayview Ln.*  
 CITY-ST-ZIP *Osprey, MI 34229*

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *President*  
 NAME *SHERRY M. ROACH*  
 STREET ADDRESS *120 Bayview Ln.*  
 CITY-ST-ZIP *Osprey, MI 34229*

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 CITY-ST-ZIP *Osprey, MI 34229*

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 file 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 an other file empowered.

SIGNATURE: *Sherry M. Roach* *2/20/01* *941/921-7785*  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (10/00)