

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90068 047 ***158.75

DOCUMENT # P00000085462

1. Entity Name
PIZZEROS, INC.

Principal Place of Business

**500 NW 102 TERR
 GAINESVILLE FL 32607**

Mailing Address

**500 NW 102 TERR
 GAINESVILLE FL 32607**

2. Principal Place of Business

9305 N.W. 24th Place

3. Mailing Address

9305 N.W. 24th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, Florida

City & State

Gainesville, Florida

Zip

32606

Country

U.S.

Zip

32606

Country

U.S.

4. FEI Number

59-3633367

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

WATERS, MARK L

500 NW 102 TERR

GAINESVILLE FL 32607

Name

Waters, Mark L

Street Address (P.O. Box Number is Not Acceptable)

9305 N.W. 24th Place

City

Gainesville

FL

Zip Code

32606

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

Mark L Waters

4-23-01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **WATERS, MARK M**
 STREET ADDRESS **500 NW 102 TERR**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Waters, Mark L**
 STREET ADDRESS **9305 N.W. 24th Place**
 CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **VPT** ☐ Delete
 NAME **DEMPERE, LUISA A**
 STREET ADDRESS **500 NW 102 TERR**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **VPT** ☒ Change ☐ Addition
 NAME **Dempere, Luisa A**
 STREET ADDRESS **9305 N.W. 24th Place**
 CITY-ST-ZIP **Gainesville, FL 32606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 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:

Mark L Waters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

352-331-7709

Daytime Phone #

CR2E034 (10/00)