

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90238 039 \*\*\*150.00

**DOCUMENT # P00000089010**

1. Entity Name

**NORTH SIDE PIZZA, INC.**

Principal Place of Business

8011-20 MERRILL RD  
 JACKSONVILLE FL 32277

Mailing Address

8011-20 MERRILL RD  
 JACKSONVILLE FL 32277

2. Principal Place of Business

3. Mailing Address

**P.O. Box 489**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State**  
**New Port Richey, FL**

Zip

Country

Zip

**34652-0489**

Country

4. FEI Number

**59-3674910**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHEAR, ROBERT L ESQ**  
**2790 SUNSET POINT RD**  
**CLEARWATER FL 33759**

7. Name and Address of New Registered Agent

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 re-registering)

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	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>PHILLIPS, JEFFREY II</b>	
STREET ADDRESS	<b>8011-20 MERRILL RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32277</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PHANEUF, LEE RICHARD</b>	
STREET ADDRESS	<b>12511 MASTERS RIDGE DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, CHRISTOPHER A</b>	
STREET ADDRESS	<b>6308 BAYSIDE DR</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PATRICK SHEA, SEAN</b>	
STREET ADDRESS	<b>8011-20 MERRILL RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32277</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Christopher A Smith*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-01**

**727-847-1323**

Date

Daytime Phone #

CR2E034 (10/00)