

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State
 03-26-2002 90059 044 ***150.00

CR2E034 (9/01)

DOCUMENT # P00000089010

1. Entity Name

NORTH SIDE PIZZA, INC.

Principal Place of Business

**8011-20 MERRILL RD
 JACKSONVILLE FL 32277**

Mailing Address

**P O BOX 489
 NEW PORT RICHEY FL 34652-0489**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3674910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEAR, ROBERT L ESQ
 2790 SUNSET POINT RD
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 PHILLIPS, JEFFREY II
 8011-20 MERRILL RD
 JACKSONVILLE FL 32277** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**2666 Delorean Street
 Fernandina Beach, FL 32034** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 PHANEUF, LEE RICHARD
 12511 MASTERS RIDGE DR
 JACKSONVILLE FL 32225** ☒ Delete

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**355 Monument Rd. #11A
 Jacksonville, FL 32225** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 PATRICK SHEA, SEAN
 8011-20 MERRILL RD
 JACKSONVILLE FL 32277** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/2002 (904) 916-0001