

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90264 021 ***150.00

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
367-7 New Berlin Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State

Zip
32218

Country

Zip

Country

4. FEI Number **59-3674910**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ **Delete**
NAME **PHILLIPS, JEFFREY II**
STREET ADDRESS **2666 DELOREAN STREET**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

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

TITLE **VD** ☐ **Delete**
NAME **SMITH, CHRISTOPHER A**
STREET ADDRESS **7811 WESTSHORE DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **P D** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **5711 WESTSHORE DR.**
CITY-ST-ZIP

TITLE **D** ☐ **Delete**
NAME **PATRICK SHEA, SEAN**
STREET ADDRESS **355 MONUMENT RD #11A**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **3 D** ☒ **Change** ☐ **Addition**
NAME **SHEA, SEAN PATRICK**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ **Delete**
NAME **GERMAIN, GERALD**
STREET ADDRESS **1703 PELICAN PLACE**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **T D** ☒ **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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER A SMITH

3-13-03 910

Date

Daytime Phone #

CR2E034 (10/02)

904-743-