

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108541

1. Entity Name

HIDEAWAY PIZZA OF NORTHWEST FLORIDA, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90083 043 ***150.00

00034283



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O WILLIAM SCOTT FOSTER 909 MAR WALT DR., #1014 FT. WALTON BEACH FL 32547	Mailing Address C/O WILLIAM SCOTT FOSTER 909 MAR WALT DR., #1014 FT. WALTON BEACH FL 32547
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2. Principal Place of Business <i>2387 W. Hwy 98</i> Suite, Apt. #, etc.	3. Mailing Address <i>8369 Hwy 189 N</i> Suite, Apt. #, etc.
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City & State <i>MARY ESTHER, FL.</i>	City & State <i>BAKER, FL.</i>
Zip <i>32569</i>	Zip <i>32531</i>
Country <i>OKALOOSA</i>	Country <i>OKALOOSA</i>

4. FEI Number <i>59-3680873</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FOSTER, WILLIAM S 909 MAR WALT DR., #1014 FT. WALTON BEACH FL 32547	7. Name and Address of New Registered Agent Name <i>JOHN W. HOLLAND</i> Street Address (P.O. Box Number is Not Acceptable) <i>8369 Hwy 189 N</i> City <i>BAKER</i> FL Zip Code <i>32531</i>
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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 *John W. Holland* DATE *4-4-01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, MYRA ANN 326 N. MAIN ST. CRESTVIEW FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/D</i> THOMPSON, MYRA ANN 8369 Hwy 189 N. BAKER, FL. 32531 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, JOHN W 326 N. MAIN ST. CRESTVIEW FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP/D</i> HOLLAND, JOHN W. 8369 Hwy 189 N. BAKER, FL. 32531 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Myra A. Thompson* DATE *4-4-01* DAYTIME PHONE # *850-244-0568*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)