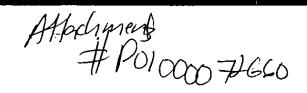
Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100072660  1. Entity Name 2 GUYS PIZZA AND SUB, INC.						FILED			
						02 AUG -9 AM 8: 20	J		
Principal Place of Business 501 N VOLUSIA AVE ORANGE CITY FL		Mailing Address 501 N VOLUSIA AVE ORANGE CITY FL			SECRETARY OF STATE TALLAHASSEE, FLORIDA	4			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. 1	4. FEI Number				
Zip Country		Zip	Zip Coun		5. (	5 Contificate of Status Desired 7 \$8.79		litional	
	6. Name and Address of Current	Registered Agent	*F,*	المدامعين	·/~ -7. I	Name and Address of New Registered	Fee Require Agent	<u> </u>	_
·				Name					1
RÚIZ, EDGAR O 501 N VOLUSIA AVE				Street Address (P.O. Box Number is Not Acceptable)					]
• :	CITY FL 32763								
					FL Zip Code			9	1
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	register	ed office or re	egistered ag	gent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature	required when re	reinstating) DATE			
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so.	After September 13	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750. Make Check Payable to Department of State						
11.	OFFICERS AND		12.	•		I DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	5 IN 11	]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, EDGAR O 511 TANOAK COURT ALTAMONTE SPRING FL 32714	☐ Delete				<b>400007116</b> -08/14/020 ****150.00	1 0 4 - 1080 0 ****15	Addijion 002 0.00	CR2E034 (4/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		. t			☐ Change	Addition	8
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			Change	Addition	
indicated of the cor	on this report or supplemental report i	is true and accurate and that r sowered to execute this report	ny signa as requi	ture shall hav	e the same	119.07(3)(i), Florida Statutes. I further cellegal effect as if made under oath, that I ida Statutes; and that my name appears	am an onicer	or airector	

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

SIGNATURE: .



7/19/02

Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl 32302-1500

RE: 2 Guys Pizza and Sub, Inc.

Gentlemen:

We are requesting an abatement of the \$400 penalty you are charging on my annual corporate filing fee. We are a brand new business and had no idea of what our filing requirements were. I do understand that all future reports are due by May on an annual basis, and promise to file and pay on a timely basis.

Your consideration on this matter is greatly appreciated, as we are a struggling start-up business.

Respectfully Submitted,

Edgar Ruiz