

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90401 013 ***150.00

DOCUMENT # P01000075437

1. Entity Name
MANOR PIZZA, INC.

Principal Place of Business
1580 JAN LAN BLVD.
ST. CLOUD FL 34772

Mailing Address
1580 JAN LAN BLVD.
ST. CLOUD FL 34772



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4310 Deer Run Road
 Suite, Apt. #, etc.

1375 JAN LAN BLVD.
 Suite, Apt. #, etc.

City & State

City & State

ST. CLOUD Florida

ST. CLOUD Florida

4. FEI Number

Applied For

Not Applicable

300018725

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip
34772

Country
U.S.A.

Zip
34772

Country
U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAKEFIELD, S. CRAIG
1400 W. OAK ST., SUITE A
KISSIMEE FL 34741

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 ☐ Delete
 NAME **D JONES, CECIL L**
 STREET ADDRESS **1580 JAN LAN BLVD.**
 CITY-ST-ZIP **ST. CLOUD FL 34772**

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

TITLE ☐ Delete
 NAME **D JONES, CAROL A**
 STREET ADDRESS **1580 JAN LAN BLVD.**
 CITY-ST-ZIP **ST. CLOUD FL 34772**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

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

4-27-02
 Date

407-892-9125
 Daytime Phone #

CR2E034 (9/01)