

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000091061

1. Entity Name  
SUN PIZZA, INCORPORATED

Principal Place of Business  
845 TARA TRACE CIR.  
LIVE OAK FL 32064

Mailing Address  
845 TARA TRACE CIR.  
LIVE OAK FL 32064

FILED

02 JUL 16 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|   |                     |  |         |
|---|---------------------|--|---------|
| 2. Principal Place of Business<br>801 Irwin Ave.<br>Suite, Apt. #, etc. |                     | 3. Mailing Address<br>Suite, Apt. #, etc.              |         |
| City & State<br>Live Oak FL   |                     | City & State   |         |
| Zip<br>32064  | Country<br>Suwannee | Zip  | Country |
| 4. FEI Number<br>26-0040874   |                     | Applied For<br><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<br>STOHR, KURTIS A<br>845 TARA TRACE CIR.<br>LIVE OAK FL 32064 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 7-8-02  
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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$550.00</b><br><b>After September 13, 2002 Fee will be \$750.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPT<br>STOHR, KURTIS A<br>845 TARA TRACE CIR.<br>LIVE OAK FL 32064 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 900006471653-1<br>-07/17/02--01056--029<br>****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVS<br>STOHR, MANDI R<br>845 TARA TRACE CIR.<br>LIVE OAK FL 32064 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Vice president<br>Andrew Edgerton<br>153 Wyncrest Way<br>Hendersonville TN 37075 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:

7-8-02 386-364-4976

CR2E034 (4/02)

Attachment # PO1000091061

To: Florida Department of State, Division of Corporations

Sun Pizza Incorporated in November of 2001. Currently we have not opened for business. I received the Uniform Business Report the first week in July of 2002. Today July 8<sup>th</sup> I called the 800 number inside the packet to ensure that I was filing correctly and I was told that since I did not file by the due date of May 1<sup>st</sup> there would be a \$400.00 charge. I let her know that I was not aware of any previous Uniform Report and she told me I should write a letter explaining that I was unaware of the first notice and only send the normal \$150.00 fee and see if it would be excepted. Please review this letter and let me know if any further money is needed.

Thank you,

  
Kurt Stohr

Sun Pizza Incorporated

Contact Number: (386) 364-4976

Cell: (386) 623-0965