01/11/2005 11:30 3 BOMAC

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90105 040 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000097648

1. Entity Name

BOMAC PIZZA INC

DO NOT WRITE IN THIS SPACE

50025761

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 10230 Atlantic Boulevard	3. Mailing Address: P.O. Box 1883
Suite, Apt. #, etc.: Suite # 2	Suite, Apt. #, etc.:
City & State: Jacksonville, Fl	City & State: Yulee, Fl
Zip: 32246 Country: US	Zip: 32041 Country: US

4. FEI Number: 59-3752390 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Gloria J. Fortin

Street Address (P.O. Box Number is Not Acceptable): 850914 U.S. Route 17

City: Yulee FL Zip Code: 32041

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] Gloria J. Fortin 1/9/05

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

Title / Name / Street Address / City-St-Zip		Title / Name / Street Address / City-St-Zip	
	PS Bever, Allen L. 17 Sanford Crossing Road West Bath, ME 04530		
	VT Bever, Ann G. 17 Sanford Crossing Road West Bath, ME 04530		
			DO NOT WRITE
			IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Allen L. Bever 1/9/05 207-443-4320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR