

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000097648

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: BOMAC PIZZA, INC.

## Current Principal Place of Business:

10763 PACER COURT  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

14991 CAPE FOREST TRAIL  
JACKSONVILLE, FL 32226

## Current Mailing Address:

10763 PACER COURT  
JACKSONVILLE, FL 32257

## New Mailing Address:

14991 CAPE FOREST TRAIL  
JACKSONVILLE, FL 32226

FEI Number: 59-3752390

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEVER, ALLEN L  
14991 CAPE FOREST TRAIL  
JACKSONVILLE, FL 32226 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: BEVER, ALLEN  
Address: 36 BROOKSIDE DR.  
City-St-Zip: WOOLWICH, ME 04579

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BEVER, ALLEN L  
Address: 14991 CAPE FOREST TRAIL  
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: V ( ) Change (X) Addition  
Name: BEVER, ANN G  
Address: 14991 CAPE FOREST TRAIL  
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: T ( ) Change (X) Addition  
Name: BEVER, ANN G  
Address: 14991 CAPE FOREST TRAIL  
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: S ( ) Change (X) Addition  
Name: BEVER, ALLEN L  
Address: 14991 CAPE FOREST TRAIL  
City-St-Zip: JACKSONVILLE, FL 32226 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN L BEVER

P

04/28/2003

Electronic Signature of Signing Officer or Director

Date