

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2002 8:00 am  
Secretary of State

02-26-2002 90016 041 \*\*\*150.00

DOCUMENT # P01000117875

1. Entity Name  
GUMBY'S PIZZA OF SOUTH TAMPA, INC.

Principal Place of Business

2914 GANDY BLVD., #E  
TAMPA FL 33611

Mailing Address

2914 GANDY BLVD., #E  
TAMPA FL 33611

2. Principal Place of Business

3010 Gandy blvd # 4

3. Mailing Address

3010 Gandy blvd

Suite, Apt. #, etc.

# 4

Suite, Apt. #, etc.

# 4

City & State

Tampa FL

City & State

Tampa FL

Zip

33611

Country

USA

Zip

33611

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59 3760650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARAMELLO, JOHN S  
2914 GANDY BLVD., #E  
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name

N/A

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/02

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

TITLE	President	<input type="checkbox"/> Delete
NAME	John Caramello	
STREET ADDRESS	2914 Gandy blvd # E	
CITY-ST-ZIP	Tampa FL 33611	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	John Caramello	
STREET ADDRESS	2914 Gandy blvd # E	
CITY-ST-ZIP	Tampa FL 33611	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	John Caramello	
STREET ADDRESS	2914 Gandy blvd # E	
CITY-ST-ZIP	Tampa FL 33611	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	John Caramello	
STREET ADDRESS	2914 Gandy blvd # E	
CITY-ST-ZIP	Tampa FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)