FILED May 02, 2003 8:00 am Secretary of State

UNI	FORM BUSINE	SS REPOR	T (UBR)	Wiay 02, 200			1 979
DOCUMENT # P02000017285					Secretary of State 05-02-2003 90368 028 ***150.00			
DOMENIC'S	S PIZZA, INC.				-			
Principal Place		Mailing Address						
624 THOMAS MCKEEN STREET ORANGE PARK FL 32073		624 THOMAS MCKEEN STREET ORANGE PARK FL 32073						
ONANGE I RIIK	7 E 02070	OTATOL LAIR LE 9507V			1 1881/881 HA 881/8 1184/ 884/ 884/ 88	141 1464) 1864) 11664	114 144 111	
2. Principal Pla	ace of Rusiness	3, Mailing Address						
2245 Pla	Atation CtrDr.1							
Suite, Apt. #	e, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 04-3606	5 / A ——	pplied For ot Applicable	<u>,</u>
3200	3 Clay	Zip	Country		5. Certificate of Status Desired	\$8.75 Add Fee Require	ditional	
	Name		7. Name and Address of New Registers	d Agent		7		
PANICCIA, HEATHER L				'				
	AS MCKEEN STREET	Street Address (ddress (P.C	D. Box Number is Not Acceptable)			
ORANGE PARK FL 32073								1
and the second s				City FL Zip Code				
		r the purpose of changing its	registered office o	r registered	agent, or both, in the State of Florida. 1 a	m familiar with,	and accept	1
the obligatio	ins of registered agent.							
SIGNATUREs	ignature, typed or printed name of registered agent a	and title it applicable. (NOTE	: Registered Agent signat	ture required wh	en reinstating) DAT			
* FIL	E NOW!!! FEE IS \$150.00		<u></u>					1
After I	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State			Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	┪_
THTLE	, <i>f</i>	☐ Delete	TITLE			Change	☐ Addition	CR2E034 (10/02)
	PANICCIA, DOMENIC 524 THOMAS MCKEEN STREET		NAME STREET ADDRESS					15
	DRANGE PARK FL 32073		CITY-ST-ZIP] [[[
TITLE V		☐ Delete	TITLE			☐ Change	Addition	8
	MEIER, JEFF D 1872 CHERRY HILL DRIVE		NAME STREET ADDRESS	}				
	ACKSONVILLE FL 32221		CITY-ST-ZIP					
TITLE S	ALIED CAROL A	☐ Delete	TITLE NAME			☐ Change	Addition	
119	MEIER, CAROL A 1872 CHERRY HILL DRIVE		STREET ADDRESS				•	
	ACKSONVILLE FL 32221	· .	CITY-ST-ZIP					1
TITLE T	· ·	☐ Delete	TITLE	YT.	ezi dan .	XX Change	☐ Addition*	1
]]]]	PANICCIA, HEATHER L 324 THOMAS MCKEEN STREET		NAME STREET ADDRESS	1024	Lcia, Heather L Thomas McKeenst.			1
	DRANGE PARK FL 32073		CITY-ST-ZIP		ePark, h 32073			
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS]				

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2003 FOR PROFIT CORPORATION

Date

Daytime Phone #