



2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000020636

1. Entity Name
D & T PIZZAZZ II, INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 15 AM 10:34

Principal Place of Business
2523 PELICAN BAY DRIVE
PANAMA CITY BEACH, FL 32408

Mailing Address
2523 PELICAN BAY DRIVE
PANAMA CITY BEACH, FL 32408

2. Principal Place of Business

800 Ocala Rd Ste 350

Suite, Apt. #, etc.

TLH FL

City & State

3. Mailing Address

3078 Killbuck Point Ct

Suite, Apt. #, etc.

TLH FL

City & State

Zip

32312

Country

Leon

Zip

32312

Country

Leon

6. Name and Address of Current Registered Agent

DAVIDSON, TODD WAYNE
2523 PELICAN BAY DRIVE
PANAMA CITY BEACH, FL 32408

7. Name and Address of New Registered Agent

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	DAVIDSON, TODD WAYNE	
STREET ADDRESS	2523 PELICAN BAY DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3078 Killbuck Point Ct	
STREET ADDRESS	TLH FL 32312	
CITY-ST-ZIP		
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Davidson	
STREET ADDRESS	3078 Killbuck Point Ct	
CITY-ST-ZIP	TLH FL 32312	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)