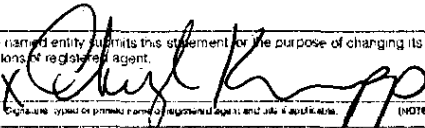
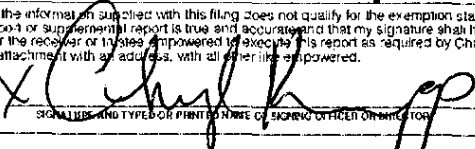


Amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE FILINGS

03 OCT 21 PM 12:56

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000024582					
1. Entity Name SAVANA'S PIZZERIA, INC.					
Principal Place of Business 2722 SKYLINE BLVD. CAPE CORAL, FL 33914			Mailing Address 2722 SKYLINE BLVD. SUITE A CAPE CORAL, FL 33914		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FBI Number 04-3620824			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Cheryl Knapp Street Address (P.O. Box Numbers Not Acceptable) 2722 Skyline Blvd. Suite A City Cape Coral FL 33914		
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  DATE _____ (NOTE: Registered Agents' signature required when resigning)					
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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST	CULLEN, WILLIAM J	4634 SKYLINE BOULEVARD SUITE A	CAPE CORAL, FL 33904	600023978666 10/21/03--01083--006 *\$2.50	
VP	CULLEN, DONNA	4634 SKYLINE BOULEVARD SUITE A	CAPE CORAL, FL 33904	☐ Change ☐ Addition	
P	KNAPP, CHERYL	4634 SKYLINE BOULEVARD SUITE A	CAPE CORAL, FL 33904	☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
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.					
SIGNATURE:  DATE _____					