Amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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	Mailing Address
2722 SKYLINE BLVD. CAPE CORAL, FL 33914	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

☐ CHECK HERE IF MAKING CHANGES

4. FEI 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	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name: Cheryl Knapp Street Address (P.O. Box Number is Not Acceptable): 2722 Skyline Blvd. Suite A City: Cape Coral FL Zip Code: 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: X Cheryl Knapp
(Signature, typed or printed name of registered agent, and title if applicable.) (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW! - FEE IS $150.00
After May 1, 2003 Fee Will Be $550.00
Amended UBR is $61.25
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CULLEN, WILLIAM J 4534 SKYLINE BOULEVARD SUITE A CAPE CORAL, FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CULLEN, DONNA 4534 SKYLINE BOULEVARD SUITE A CAPE CORAL, FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KNAPP, CHERYL 4534 SKYLINE BOULEVARD SUITE A CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: X Cheryl Knapp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/22