

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90058 021 ***150.00

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DOCUMENT # P02000060235

1. Entity Name
NEXT JAX PIZZA, INC.



Principal Place of Business
**1851 PALM BAY ROAD, N.E., #8
PALM BEACH FL 32905**

Mailing Address
**1851 PALM BAY ROAD, N.E., #8
PALM BEACH FL 32905**

2. Principal Place of Business

3. Mailing Address
P.O. Box 489

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM BAY

City & State
New Port Richey, FL

4. FEI Number
02-0618392

Applied For
Not Applicable

Zip

Country

Zip
34656

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SHEAR, ROBERT L
2790 SUNSET POINT ROAD
CLEARWATER FL 33759**

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 / NAME
PD SMITH, CHRISTOPHER ☐ Delete
STREET ADDRESS
1851 PALM BAY ROAD, N.E., #8
CITY-ST-ZIP
PALM BEACH FL 32905

TITLE / NAME
VD HUNTOON, BART ☐ Delete
STREET ADDRESS
1851 PALM BAY ROAD, N.E., #8
CITY-ST-ZIP
PALM BEACH FL 32905

TITLE / NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE / NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE / NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE / NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME
SMITH, CHRISTOPHER ☒ Change ☐ Addition
STREET ADDRESS
PALM BAY

TITLE / NAME ☒ Change ☐ Addition
STREET ADDRESS
PALM BAY

TITLE / NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE / NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE / NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE / NAME ☐ Change ☐ Addition
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)(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: CHRISTOPHER A SMITH 3-13-03 321-984-9291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)