

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90103 043 ***550.00

0140941 AT

DOCUMENT # P02000080352

1. Entity Name

CHEF ANTHONY'S PIZZA CAFE INC.



Principal Place of Business

**2780 NORTH FLORIDA AVE UNIT 6
HERNANDO FL 34442**

Mailing Address

**2780 NORTH FLORIDA AVE UNIT 6
HERNANDO FL 34442**

2. Principal Place of Business

2780 N Florida Ave

Suite, Apt. #, etc.

#6

City & State

Hernando FL

3. Mailing Address

2780 N Florida Ave

Suite, Apt. #, etc.

#6

City & State

Hernando FL

Zip

34442

Country

USA

Zip

34442

Country

USA

4. FEI Number

82-0554330

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PAIGE, KEVIN

1876 W JENA CT

LECANTO FL 34461

7. Name and Address of New Registered Agent

Name

Kevin Paige

Street Address (P.O. Box Number is Not Acceptable)

1876 W Jena Ct.

City

Lecanto

FL

Zip Code

34461

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

Kevin Paige

Kevin Paige

9-8-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 ☐ Delete

**President KP Teresa Paige
1876 W Jena Ct.
Lecanto, FL 34461**

TITLE NAME ☒ Delete

**Vice President Jennifer Scarpetti
Beverly Hills FL 34465**

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

**President Teresa Paige
1876 W. Jena Ct
Lecanto FL 34461**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ 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:

SIGNATURE REQUIRED

9-8-03

352-637-1920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)