

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90166 028 ***150.00

0563494 FP

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1. Entity Name
D & K PIZZA, INC.



Principal Place of Business
**1856 RIVER EDGE DRIVE
TAMPA FL 34689**

Mailing Address
**1856 RIVER EDGE DRIVE
TAMPA FL 34689**

2. Principal Place of Business
3320 MOOG RD

3. Mailing Address
1856 River Edge Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOLIDAY, FL

City & State
TARPON SPRINGS, FL

4. FEI Number
48-1270631

Applied For
Not Applicable

Zip
34691

Country
PASCO

Zip
34689

Country
PINELLAS

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

**NEILAND, MARIANNA
1856 RIVER EDGE DRIVE
TAMPA FL 34689**

Name

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

City **TARPON SPRINGS**

FL

Zip Code **34689**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NEILAND, MARIANNA
1856 RIVER EDGE DRIVE
TAMPA FL 34689** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TARPON SPRINGS ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
NEILAND, DANIEL
1856 RIVER EDGE DRIVE
TAMPA FL 34689** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TARPON SPRINGS ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
NEILAND, KENNETH
1856 RIVER EDGE DRIVE
TAMPA FL 34689** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TARPON SPRINGS ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: X *Marianna Neiland* **MARIANNA NEILAND** **X 4/30/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)