

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90240 045 ***150.00

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DOCUMENT # P02000088778

1. Entity Name
DOUGH BOY PIZZA IV, INC.



Principal Place of Business
**24532 SAILFISH STREET
BONITA SPRINGS FL 34134**

Mailing Address
**24532 SAILFISH STREET
BONITA SPRINGS FL 34134**



2. Principal Place of Business
4304 14TH STREET W.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
BRADENTON, FL

City & State

4. FEI Number
03-0484122

Applied For
Not Applicable

Zip Country
34205 USA

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

XX CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PATRAS-VENETIS, JOANNE
24532 SAILFISH STREET
BONITA SPRINGS FL 34134**

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D PATRAS-VENETIS, JOANNE	24532 SAILFISH STREET	BONITA SPRINGS FL 34134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D P S T			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Daytime Phone #

CR2E034 (10/02)