2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000099280

1. Entity Name
P.D. PIZZA, INC.

Principal Place of Business
3710 NEW TAMPA HWY
LAKELAND FL 33815

Mailing Address
3710 NEW TAMPA HWY
LAKELAND FL 33815

2. Principal Place of Business
3930 Lake Mary Dr

3. Mailing Address
1101 West North Blvd

Suite, Apt. #, etc.
Lake Mary Fl.

Suite, Apt. #, etc.

City & State
Leesburg Fl 34748

4. FEI Number 11-3659281

□ Applied For
□ Not Applicable

5. Certificate of Status Desired □ $8.75 Additional Fee Required

□ CHECK HERE IF MAKING CHANGES

Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

BENNETT, BARRY W
60 SECOND ST SE
WINTER HAVEN FL 33880

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 Michael Mongeluzzo

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 D **NAME** ROEHRIG, DAVID T **STREET ADDRESS** 318 LANCELATE **CITY-ST-ZIP** WINTER HAVEN FL 33880	☒ Delete	**TITLE NAME STREET ADDRESS CITY-ST-ZIP**	□ Change □ Addition
TITLE D **NAME** MONGELUZZO, JOAN **STREET ADDRESS** 19 BANYAN TRACK **CITY-ST-ZIP** OCALA FL 34742	□ Delete	**TITLE NAME STREET ADDRESS CITY-ST-ZIP**	□ Change □ Addition
TITLE D **NAME** MONGELUZZO, MIKE **STREET ADDRESS** 19 BANYAN TRACK **CITY-ST-ZIP** OCALA FL 34742	□ Delete	**TITLE NAME STREET ADDRESS CITY-ST-ZIP**	□ Change □ Addition
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CR2E034 (10/02)

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   2/11/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #