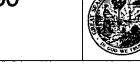
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR DOCUMENT

P02000128390

1. Entity Name C.R.S.W. FOOD, INC.



Secretary of State 02-10-2003 90136 015 ***150.00

FILED

Feb 10, 2003 8:00 am

Principal Place of Business 1950 MAGNOLIA CIRCLE TAVARES FL 32778

Mailing Address 1950 MAGNOLIA CIRCLE TAVARES FL 32778

2. Principal Place of Business
T/A PIZZA ERFECT 3. Mailing Address .90021226

| Suite, Apt. #, etc. 248 ARDICE AVE | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | |
|--|--------------------------------|-----------------------------------|--|----------------------------|--|
| City & State Eus7/S FL. | City & State | | 4. FEI Number 02-065637. | Applied For Not Applicable | |
| Zip Country CARE | Zip | Country | ₹5 Certificate of Status Desired | \$8.75 Additional. | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SHARD, BYRON | | Name | 20 8-14-1-14-14-14-14-14-14-14-14-14-14-14-1 | | |
| 1950 MAGNOLIA CIRCLE | | Street Address (I | Street Address (P.O. Box Number is Not Acceptable) | | |
| TAVARES FL 32778 | | | | | |
| • * | | City | FL | Zip Code | |
| The above named entity submits this statement for the obligations of registered agent. | ne purpose of changing its reg | gistered office or registere | ed agent, or both, in the State of Florida. I am f | amiliar with, and accept | |
| SIGNATURE | | | | | |
| Signature, typed or printed name of registered agent and | title if applicable. (NOTE: Re | gistered Agent signature required | when reinstating) DATE | | |
| FILE NOW!!! FEE IS \$150.00 | | | Flection Campaign Financing | \$5.00 May 0- | |

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Trust Fund Contribution.

Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change Addition ☐ Delete IAMES WASSON NAME NAME SHARD, BYRON BLACK HORSE RUN Rd. STREET ADDRESS 1950 MAGNOLIA CIRCLE STREET ADDRESS S.C. 29715 CITY-ST-ZIP CITY-ST-ZiP MILL **TAVARES FL 32778** ☐ Delete ☐ Change Addition TITLE TITLE ROSCHEL, ROBERT NAME NAME CECOLI. ANNA M STREET ADDRESS STREET ADDRESS 203 N. Lime 43 CLARKS LANE CITY-ST-ZIP CITY-ST-ZIP. PA 187602 PLAINES PA 18705 Change ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITL F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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