

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90211 001 *****1.00
 02-15-2001 90211 002 ***150.00

DOCUMENT # P22718

1. Entity Name

WE TOSS 'EM - THEY'RE AWESOME - PIZZA FACTORY, I

Principal Place of Business

**49430 ROAD 426
 OAKHURST CA 93644
 US**

Mailing Address

**% PATRICK A. MAGUIRE, ESQUIRE
 P.O. BOX 1249
 OAKHURST CA 93644**

01011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Patrick T. Maguire

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 517

City & State

**City & State
 Oakhurst, CA**

4. FEI Number **77-0009257**

Applied For

Not Applicable

Zip

Country

Zip

Country

93644

USA

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

**MAGUIRE, PATRICK A.
 BARNETT BANK PLAZA
 SUITE 310, 1150 CLEVELAND ST.,
 CLEARWATER FL 34615**

Name **Patrick T. Maguire**
 Street Address (P.O. Box Number is Not Acceptable)
1253 Park St.

City **Clearwater** **FL** Zip Code **33756**

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.

SIGNATURE **Patrick T. Maguire**

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

NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHEELER, DANIEL E. P.O. BOX 989/ 49430 RD. 426 STE. D. OAKHURST GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLEY, RONALD P.O. BOX 989/ 49430 RD 426 STE. D OAKHURST CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHEELER, CAROL J. P.O. BOX 989/ 49430 RD. 426 STE D OAKHURST CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLEY, JOYCE C. P.O. BOX 989/ 49430 RD 426 STE. D OAKHURST CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 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

2/5/01

Date

(559) 683-3377

Daytime Phone #

CR2E034 (10/00)