


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90195 032 \*\*\*150.00

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<b>DOCUMENT #</b> P93000013793	
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<b>1. Entity Name</b> TATE BROTHERS PIZZA, INC.	<b>Principal Place of Business</b> 233 E. DAVIS BLVD. TAMPA FL 33606	<b>Mailing Address</b> 418 W PLATT STREET TAMPA FL 33606
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> 212 S. Magnolia Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Tampa, FL	<b>City &amp; State</b> Tampa, FL
<b>Zip</b> 33606	<b>Country</b>

<b>4. FEI Number</b> 59-3167055	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

☐ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b> TATE, MARK T 418 W PLATT STREET TAMPA FL 33606
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 212 S. Magnolia Ave. City Tampa FL Zip Code 33606
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<b>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.</b> SIGNATURE <u>Mark T. Tate</u> DATE <u>4/22/03</u>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PSTD <b>NAME</b> TATE, MARK T <b>STREET ADDRESS</b> 418 W. PLATT STREET <b>CITY-ST-ZIP</b> TAMPA FL 33606	<input type="checkbox"/> Delete
<b>TITLE</b> VP <b>NAME</b> TATE, THOMAS J. <b>STREET ADDRESS</b> 233 A E DAVIS BLVD <b>CITY-ST-ZIP</b> TAMPA FL	<input type="checkbox"/> Delete
<b>TITLE</b> VP <b>NAME</b> TATE, DAVID A <b>STREET ADDRESS</b> 233A E DAVIS BLVD <b>CITY-ST-ZIP</b> TAMPA FL	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> 212 S. Magnolia Ave. <b>CITY-ST-ZIP</b> Tampa, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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.**

<b>SIGNATURE:</b> <u>Mark T. Tate</u> <b>REQUIRED</b>	<b>DATE</b> <u>4/22/03</u> <b>Daytime Phone #</b>
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CR2E034 (10/02)