2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P93000033317

1. Entity Name

10.

TITLE

PIZZA PALACE OF JACKSONVILLE, INC.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

PSTD

OFFICERS AND DIRECTORS

City & State City & State City & State Country Country Country 5. Certificate of Status D Country Name DEMETREE, ELIAS 1526 KING STREET JACKSONVILLE FL 32205 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State the obligations of registered agent.		····			
Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country 5. Certificate of Status D Country Name DEMETREE, ELIAS 1526 KING STREET JACKSONVILLE FL 32205 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Status D City City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Status D City City	1526 KING STREET		1526 KING STREET		
City & State 4. FEI Number 59-31 Country 5. Certificate of Status D Country Name DEMETREE, ELIAS 1526 KING STREET JACKSONVILLE FL 32205 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State the obligations of registered agent.	2. Principal Plac	ce of Business	3. Mailing Address		
Zip Country Zip Country 5. Certificate of Status D 6. Name and Address of Current Registered Agent 7. Name and Address of Name DEMETREE, ELIAS 1526 KING STREET JACKSONVILLE FL 32205 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State the obligations of registered agent.	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK
5. Certificate of Status D 6. Name and Address of Current Registered Agent 7. Name and Address of Name DEMETREE, ELIAS 1526 KING STREET JACKSONVILLE FL 32205 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State the obligations of registered agent.	City & State		City & State		4. FEI Number 59-318
DEMETREE, ELIAS 1526 KING STREET JACKSONVILLE FL 32205 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statement of the obligations of registered agent.	Zip	Country	Zip	Zip Country	
DEMETREE, ELIAS 1526 KING STREET JACKSONVILLE FL 32205 Street Address (P.O. Box Number is Not Acc City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State obligations of registered agent.		-6Name end Address of Cu		7Name and Address of	
1526 KING STREET JACKSONVILLE FL 32205 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State the obligations of registered agent.	DEMETREE	FLIAS		Name	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State obligations of registered agent.	1526 KING S	STREET	Street Addr	ess (P.O. Box Number is Not Acce	
the obligations of registered agent.				City	
SIGNIATING	8. The above na the obligation	amed entity submits this statem as of registered agent.	ent for the purpose of chang	I ing its registered office or reç	gistered agent, or both, in the State
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	SIGNATURE	mature, lyoed or printed name of registered	agent and title if applicable	(NOTE: Registered Agent signature of	

FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90206 011 ***150.00

	CHECK HERE IF	MAKIN	IG CH	ANGE	ES .
4. FE	59-3182803			-	Applied For Not Applicable
	rtificate of Status Desired		Fee	Requi	Additional ired
7Na	me and Address of New Reg	istered	Age	1t	
					-
J. Box	Number is Not Acceptable)				
		·	-		
		Fl	- '	Zip Co	ode
agent	t, or both, in the State of Florid	a. I am	famil	iar witi	h, and accept
	9. Election Campaign Financ Trust Fund Contribution.	[Add	.00 May Be ed to Fees
ADDI	TIONS/CHANGES TO OFFICE	RS AN	D DIR	ECTO	RS IN 11
				Change	☐ Addition
				Change	☐ Addition

☐ Defete TITLE CR2E034 (10/02) DEMETREE, ELIAS NAME NAME 1526 KING STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32205 CITY-ST-ZIP TITLE ☐ Delete TITLE 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 ☐ Delete TITLE ☐ Change 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-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

11.

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