

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000036212

1. Entity Name

TRADITIONAL PIZZA, INC.

Principal Place of Business

1455 W. BOYNTON BEACH BLVD.  
BOYNTON BEACH FL 33426

Mailing Address

1455 W. BOYNTON BEACH BLVD.  
BOYNTON BEACH FL 33426

2. Principal Place of Business

865 NW 21 Way  
Suite, Apt. #, etc.

3. Mailing Address

865 NW 21 Way  
Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Bch, FL

Zip

33445

Country

USA

Zip

33445

Country

USA

6. Name and Address of Current Registered Agent

STRENK, LAWRENCE  
865 NW 21 WAY  
DELRAY BEACH FL 33445

4. FEI Number

65-0411488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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.

SIGNATURE

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

TITLE **P** ☐ Delete  
NAME **STRENK, LAWRENCE**  
STREET ADDRESS **865 N.W. 21 WAY**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Lawrence Strenk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE S. STRENK

Date

Daytime Phone #

4/2/01 561-703-5179

FILED  
Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90012 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)