

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90060 033 ***150.00

DOCUMENT # P94000014242



1. Entity Name
B.J.'S PIZZA, INC.

Principal Place of Business
**105 W GULF BEACH
ST GEORGE ISLAND FL 32328
US**

Mailing Address
**164 N BAYSHORE DR
EASTPOINT FL 32328
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3221564**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLACKBURN, JUDY P.
164 N BAYSHORE DR
ST. GEORGE ISLAND FL 32328**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BLACKBURN, JR. B	
STREET ADDRESS	HCR BOX 205	
CITY-ST-ZIP	ST. GEORGE ISLAND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLACKBURN, JUDY P.	
STREET ADDRESS	HCR BOX 205	
CITY-ST-ZIP	ST. GEORGE ISLAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BLACKBURN, BRIAN K.	
STREET ADDRESS	HCR BOX 205	
CITY-ST-ZIP	ST. GEORGE ISLAND FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLACKBURN, BRADLEY	
STREET ADDRESS	HCR BOX 205	
CITY-ST-ZIP	ST. GEORGE ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an address, with all other like empowered.

SIGNATURE: *Judy Blackburn* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03 **850/927-2805**
Date Daytime Phone #

CR2E034 (10/02)