## 2000 UNIFORM BUSINESS REPORT (UBR) FILED P9400002895 Aug 23, 2000 8:00 am Secretary of State DOCUMENT # . Tony Pepperonis, INC. 08-23-2000 90028 047 \*\*\*150.00 Principal Place of Business Mailing Address 832 AIA S-10 832 AIAN-10 Ponteloda bood, Fh. 32082 10080614 Ponte Vedrabeach Th 832 ALA H-10 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name James E. Werick 170 Vera Cruz, #337 Street Address (P.O. Box Number is Not Acceptable) Ponte Vedra Beach, FL 32082 Zip Code FL 8. The above named enjity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8/16/00 FILE NOWIH FEE IS \$150.00 9. This corporation is eligible to satisfy its intangiple 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Owner Delete ☐ Change James E. Werick 170 Vera Cruz, #339 Powfe Udm Beach, Ft 32082 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IITE.▲ ☐ Delete TITLE Change Addition 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 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: 🗠

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

You are receiving my check for. Corporation fee in a plan envelope, because some how my first was not received. I was told to consul first & send in another with a letter opplaining the situation. I'm Dorry for any Jens Werick 9042730360 Tong Pepperonis