

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90074 038 ***150.00

DOCUMENT # P94000036383

1. Entity Name

BUMBY PIZZA, INC.

Principal Place of Business

**1427 SOUTH BUMBY
 ORLANDO FL 32806**

Mailing Address

**PO BOX 489
 NEW PORT RICHEY FL 34656-0489**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3243328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, CHRISTOPHER

6206 BAYSIDE DRIVE

NEW PORT RICHEY FL 34652

Name

Street Address (P.O. Box Number is Not Acceptable)

5711 Westshore Drive

City

New Port Richey

FL

Zip Code

34652

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete
 NAME **HUNTOON, BART**
 STREET ADDRESS **1427 SOUTH BUMBY**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☒ Change ☐ Addition
 NAME **1013 Eishman Loop**
 STREET ADDRESS **Oviedo, FL 32765**
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **GREEN, KEVIN**
 STREET ADDRESS **1427 SOUTH BUMBY**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☒ Change ☐ Addition
 NAME **535 Johns Pass Avenue**
 STREET ADDRESS **Madeira Beach, FL 33708**
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **SMITH, CHRISTOPHER**
 STREET ADDRESS **6306 BAYSIDE DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☒ Change ☐ Addition
 NAME **3711 Westshore Drive**
 STREET ADDRESS **New Port Richey, FL 34652**
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **LONG, MARK**
 STREET ADDRESS **1427 SOUTH BUMBY**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☒ Change ☐ Addition
 NAME **3041 Flatrock**
 STREET ADDRESS **Land O Lakes, FL 34639**
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **HAYDEN, DERYK**
 STREET ADDRESS **1427 SOUTH BUMBY**
 CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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:

SIGNATURE Christopher A Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02
 Date

894-1322
 Daytime Phone #

CR2E034 (9/01)