

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000054714

1. Entity Name

SAN CARLOS PIZZA MANAGEMENT, INC.

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91274 018 ***150.00

434033



DO NOT WRITE IN THIS SPACE

Principal Place of Business

17589 LAUREL VALLEY RD
FT. MYERS FL 33912
US

Mailing Address

17589 LAUREL VALLEY RD
FT. MYERS FL 33912
US

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

65-0508690

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRATHER, ALAN H
1111 3RD AVE W
SUITE 300
BRADENTON FL 34205

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, 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

TITLE P
NAME TAYLOR, MICHAEL G
STREET ADDRESS 17589 LAUREL VALLEY RD
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

TITLE V
NAME PRATHER, ALAN H
STREET ADDRESS 1111 3RD AVE W, SUITE 300
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE T
NAME TAYLOR, JENNIFER N
STREET ADDRESS 17589 LAUREL VALLEY RD
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

TITLE S
NAME PRATHER, BEVERLY A
STREET ADDRESS 1111 3RD AVE W, SUITE 300
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: *Jennifer N. Taylor* 5-1-02 941-590-9314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)