2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013527

1. Entity Name

R & M PIZZA, INC.

Principal Place of Business	Mailing Address
5740 N ORANGE BLOSSOM TRAIL BUILDING 6 ORLANDO FL 32810-1023 US	5740 N ORANGE BLOSSOM TRAIL BUILDING 6 ORLANDO FL 32810-1023 US
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip — Country	Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3296249	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEAR, ROBERT L 2600 MCCORMICK DRIVE SUITE 230 CLEARWATER FL 34619	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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	DP LONG, MARK 5802 N. ARMENIA AVE., BLDG. 6 TAMPA FL 33603	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST KRAMER, RAYMOND N 5802 N. ARMENIA AVE., BLDG. 6 TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLPITTS, ROBERT M 5802 N. ARMENIA AVE., BLDG. 6 TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYDEN, DERRYK 5802 N. ARMENIA AVE., BLDG. 6 TAMPA FL 33603	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D St. Pierre, Marc (Same as above)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (9/99)

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.

Marc St. Pierre — 02-04-2000 — 407-299-7188

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #