2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

063G010 · AV

DOCUMENT #   P95000013527

1. Entity Name
R & M PIZZA, INC.

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

☐ CHECK HERE IF MAKING CHANGES

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	Name
2600 MCCORMICK DRIVE	Street Address (P.O. Box Number is Not Acceptable)
SUITE 230	
CLEARWATER FL 34619	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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

CR2E034 (10/02)

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LONG, MARK		NAME		
STREET ADDRESS	5802 N. ARMENIA AVE., BLDG. 6		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603		CITY-ST-ZIP		
TITLE	DVST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KRAMER, RAYMOND N		NAME		
STREET ADDRESS	5802 N. ARMENIA AVE., BLDG. 6		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COLPITTS, ROBERT M		NAME		
STREET ADDRESS	5802 N. ARMENIA AVE., BLDG. 6		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HAYDEN, DERRYK		NAME		
STREET ADDRESS	5802 N. ARMENIA AVE., BLDG. 6		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ST. PIERRE, MARC		NAME		
STREET ADDRESS	5802 N ARMENIA AVE, BLDG 6		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _SIGNATURE REQUIRED_   4/17/03   4072597188

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