2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P95000017771 PIZZA DEPOT, INC. 04-27-2001 90342 017 ***150.00 Principal Place of Business Mailing Address 2650 S. MILITARY TRAIL 2650 S. MILITARY TRAIL UUU41734 WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0564003 Not Applicable Zip Country Zip 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 WAYNE BARNEY Street Address (P.O. Box Number is Not Acceptable) 2650 S. MILITARY TRAIL, #17 WEST PALM BEACH FL 33415 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE TITLE Addition Delete Change BARNEY, WAYNE NAME NAME STREET ADDRESS 6526 COLUMBIA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 DVP X Addition ☐ Delete TITLE TITLE BARNEY, JEFF NAME NAME 9 Ripley Way STREET ADDRESS STREET ADDRESS 9 SOUTH RIPLEY WAY CITY-ST-29P CITY-ST-ZIP **BOYNTON BEACH FL** TITLE ☐ Delete THEF Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

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