

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088916

1. Entity Name

2 FOR 1 PIZZA, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90007 004 ***150.00

Principal Place of Business

Mailing Address

8970-12 103RD ST
JACKSONVILLE FL 32210

8970-12 103RD ST
JACKSONVILLE FL 32210-8689

2. Principal Place of Business

3. Mailing Address

8970-12 103rd ST.

8970-12 103rd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12

12

City & State

City & State

Jacksonville FL

Jacksonville FL

Zip

Zip

32210

32210

Country

Country

Dual

Dual



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3287078

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

GOODMAN, JONATHAN H
1377 CASSAT AVE
JACKSONVILLE FL 32205

Name

Goodman Jonathan H

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

1377 Cassat Ave

City

Jacksonville

FL

Zip Code

32205

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 PSTD ☐ Delete
NAME FORD, TIMOTHY A
STREET ADDRESS 6519 VALEROSA CT #1
CITY-ST-ZIP JACKSONVILLE FL 32217

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

TITLE PSTD ☐ Delete
NAME Ford Timothy A
STREET ADDRESS 6519 Valerosa Ct #1
CITY-ST-ZIP Jacksonville FL 32217

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

TITLE ☐ Delete
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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:

Timothy A Ford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-25-2000

904-777-1949

CR2E034 (9/99)