

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088916

1. Entity Name
2 FOR 1 PIZZA, INC.

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90224 005 ***150.00

Principal Place of Business
8970-12 103RD ST
12
JACKSONVILLE FL 32210

Mailing Address
8970-12 103RD ST
12
JACKSONVILLE FL 32210



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|--|---------------------|--|---|--|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 26-08-149967-08-4 | | APPLIED FOR <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| City & State | | City & State | | Zip | | Country | |
| Zip | | Country | | Zip | | Country | |

| | | | |
|---|--|--|--|
| 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 | PSTD FORD, TIMOTHY A 6519 VALEROSA CT #1 JACKSONVILLE FL 32217 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD FORD, TIMOTHY A 6519 VALEROSA CT 1 JACKSONVILLE FL 32217 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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* **Timothy A Ford** 4-25-2001 (904) 722-1949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)