2000 UNIFORM BUSINESS REPORT (UBR)

Jun 02, 2000 8:00 am DOCUMENT # **P96000028158 Secretary of State** DEANGELO'S NEW YORK PIZZA, INC. 06-02-2000 90019 042 ***150.00 Principal Place of Business Mailing Address 2311 SEMORAN BLVD. 2311 SEMORAN BLVD. APOPKA FL 32703 APOPKA FL 32703-5804 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3372416 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEANGELO, JOSEPH J Street Address (P.O. Box Number is Not Acceptable) 2311 SEMORAN BLVD. APOPKA FL 32703 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Change ☐ Delete TITLE TITLE DEANGELO, JOSEPH J NAME STREET ADDRESS STREET ADDRESS 2311 SEMORAN BLVD. CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 [] Addition Change TITLE ☐ Delete TITLE DEANGELO, PAMELA B NAME NAME STREET ADDRESS STREET ADDRESS 2311 SEMORAN BLVD. CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 Addition Change - - Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED