

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000053166**

1. Entity Name
RAT PIZZA MANAGEMENT FL, INC.

Principal Place of Business Mailing Address
**1558 LAKE TRAILROAD RD 623 104TH AVE N.
INNOVATION, FL 34116 NARLES, FL 34108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0677607-

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00055868

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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	VP	<input type="checkbox"/> Delete
NAME	COMERIATO, Anthony J	
STREET ADDRESS	41 MENTOR DRIVE	
CITY-ST-ZIP	NARLES FL 34110	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOORE, Robert J.	
STREET ADDRESS	623 104TH AVE N.	
CITY-ST-ZIP	NARLES, FL 34108	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SADLER, Deborah	
STREET ADDRESS	623 104TH AVE N.	
CITY-ST-ZIP	NARLES FL 34108	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COMERIATO, Tami	
STREET ADDRESS	41 MENTOR DRIVE	
CITY-ST-ZIP	NARLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/28/2000 (941) 597-0007
Date Daytime Phone #

CR2E034 (9/99)