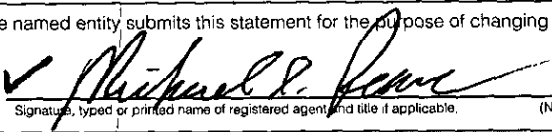


2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90179 006 ***150.00

DOCUMENT # P96000079056**1. Entity Name**
EMP PIZZA, INC.**Principal Place of Business****3402 S.W. 6TH PLACE**
CAPE CORAL FL 33914**Mailing Address****3402 S.W. 6TH PLACE**
CAPE CORAL FL 33914-5398**2. Principal Place of Business****1127 Homestead Rd**
Suite, Apt. #, etc.**3. Mailing Address****4390 Orange River Loop Rd.**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lehigh Acres, FL
Zip
33936
Country**City & State**
Fort Myers FL
Zip
33905
Country**4. FEI Number** **65-0771000****Applied For**
Not Applicable**5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****PEARCE, MICHAEL L**
3402 S.W. 6TH PLACE
CAPE CORAL FL 33914**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****4390 Orange River Loop Rd****City****Fort Myers****FL****Zip Code****33905****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**2-4-00****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**

TITLE	D	<input type="checkbox"/> Delete
NAME	PEARCE, MICHAEL L	
STREET ADDRESS	3402 S.W. 6TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEARCE, MICHELE A	
STREET ADDRESS	3402 S.W. 6TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4390 Orange River Loop Dr.
CITY-ST-ZIP	Fort Myers, FL 33905
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4390 Orange River Loop Dr.
CITY-ST-ZIP	Fort Myers, FL 33905
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Date****Daytime Phone #****2-4-00****(941) 694-5771**