

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90134 048 ***150.00

0636967 AV

DOCUMENT # P96000081630

1. Entity Name

CDT PIZZA, INC.

Principal Place of Business

**2922 S.E. 38TH PLACE
 OCALA FL 34480**

Mailing Address

**2922 S.E. 38TH PLACE
 OCALA FL 34480**

2. Principal Place of Business

6853 SE MARICAMP RD.

Suite, Apt. #, etc.

3. Mailing Address

6853 SE MARICAMP RD.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

59-3448109

Applied For

Not Applicable

Zip

34480

Country

Zip

34472

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRITTON, COREY T
 2922 S.E. 38TH PLACE
 OCALA FL 34480**

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, 2002 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	BRITTON, COREY T	
STREET ADDRESS	2922 S.E. 38TH PLACE	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRITTON, THOMAS J	
STREET ADDRESS	2922 S.E. 38TH PLACE	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARRA, DINO R	
STREET ADDRESS	2701 S.W. COLLEGE ROAD, #310	
CITY-ST-ZIP	OCALA FL 34474	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-02

Date

687-4000

Daytime Phone #

CR2E034 (9/01)