2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State
05-26-2000 90099 017 ***150.00

DOCUMENT # P96000089019 ✓

1. Entity Name
PERKY'S PIZZA OF POLK COUNTY, INC.

Principal Place of Business
90 DELAND AVE.
INDIAN LAKE ESTATES
FL 33855

Mailing Address
P.O. BOX 7334
INDIAN LAKE ESTATES
FL 33855-7334

00055774

DO NOT WRITE IN THIS SPACE

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 59-3407484 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KENNETH D. OR KIMBERLY M. ALVAREZ
P.O. BOX 7334, 123 LAGUNA DRIVE
INDIAN LAKE ESTATES
FL 33855-7334

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] 4-29-00
Signature, typed or printed name of registered agent and date 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	PRESIDENT, TREASURER	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KENNETH D ALVAREZ		NAME	
STREET ADDRESS	123 LAGUNA DRIVE PO BOX 7334		STREET ADDRESS	
CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855-7334		CITY-ST-ZIP	
TITLE	VICE PRESIDENT, SECRETARY	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KIMBERLY M. ALVAREZ		NAME	
STREET ADDRESS	123 LAGUNA DRIVE, PO BOX 7334		STREET ADDRESS	
CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855-7334		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/99)

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] - PRESIDENT 4-29-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #