

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094028

1. Entity Name

SAN JOSE PIZZA, INC.

Principal Place of Business

9825 SAN JOSE BLVD
UNIT 30
JACKSONVILLE FL 32257

Mailing Address

9825 SAN JOSE BLVD
UNIT 30
JACKSONVILLE FL 32257-5489

2. Principal Place of Business

3. Mailing Address

P.O. Box 489

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
New Port Richey, FL

Zip

Country

Zip

Country

34656-0489

4. FEI Number

59-3410593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEAR, ROBERT L
2600 MCCORMICK DRIVE
SUITE 230
CLEARWATER FL 34619

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DST									
	SMITH, CHRISTOPHER A	6306 BAYSIDE DR.	NEW PORT RICHEY FL							
	DP									
	VICKERY, KELVIN	9825 SAN JOSE BLVD, UNIT 30	JACKSONVILLE FL 32257							

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: CHRISTOPHER A. SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00
Date

727-847-1323
Daytime Phone #

CR2E034 (9/99)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90101 049 ***150.00



DO NOT WRITE IN THIS SPACE