

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90153 030 ***150.00

DOCUMENT # P97000046719

1. Entity Name
PUNTA GORDA PIZZA, INC.

Principal Place of Business 615 CROSS STREET UNIT 1105 PUNTA GORDA FL 33950	Mailing Address 615 CROSS STREET UNIT 1105 PUNTA GORDA FL 33950
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40018071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0757655		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
LAROCK, THOMAS 615 CROSS STREET UNIT 1105 PUNTA GORDA FL 33950				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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P/D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAROCK, THOMAS			NAME			
STREET ADDRESS	4468 LARKSPUR CT.			STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL 33948			CITY-ST-ZIP			
TITLE	V/D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEGEDUS, ROBERT			NAME			
STREET ADDRESS	4148 CHIFFON LANE			STREET ADDRESS			
CITY-ST-ZIP	NORTH PORT FL 34287			CITY-ST-ZIP			
TITLE	V/D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREEN, KEVIN			NAME			
STREET ADDRESS	6989 SEMINOLE, UNIT 6			STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL-33772			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIXON, DON			NAME			
STREET ADDRESS	4112 BEE RIDGE ROAD			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34233			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: _____ Date: **1-18-01** Daytime Phone #: **941-349-2267**

CR2E034 (10/00)