

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 27, 2002 8:00 am**  
**Secretary of State**

08-27-2002 90116 011 \*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0757655**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **P/D** ☒ Delete  
 NAME **LAROCK, THOMAS**  
 STREET ADDRESS **4468 LARKSPUR CT.**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **P/D** ☐ Change ☒ Addition  
 NAME **LAROCK, SCOTT**  
 STREET ADDRESS **615 CROSS ST**  
 CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **V/D** ☒ Delete  
 NAME **HEGEDUS, ROBERT**  
 STREET ADDRESS **4148 CHIFFON LANE**  
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V/D** ☐ Delete  
 NAME **GREEN, KEVIN**  
 STREET ADDRESS **6989 SEMINOLE, UNIT 6**  
 CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD** ☐ Delete  
 NAME **DIXON, DON**  
 STREET ADDRESS **4112 BEE RIDGE ROAD**  
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **DESIGNATED REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-02

941-809-2664

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

TO WHOM IT MAY CONCERN:

976689  
# P97000046719

LAST OCTOBER 2001 I TOOK OVER THE BILLS FOR  
THIS CORPORATION AND ROBERT AND THOMAS  
NEVER FORWARDED THIS FILING TO ME. HAD I RECEIVED  
IT IT WOULD OF BEEN FILED ON TIME. I AM  
HOPING YOU WILL EXCUSE US THIS TIME. ~~I AM JUST~~  
NOW CATCHING DIFFERENT THINGS THAT WERENT RENEWED,  
THANK YOU FOR YOUR CONSIDERATION.

Don Dinfon

941-809-2664