2002 UNIFORM BUSINESS REPORT (UBR)

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NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

May 14, 2002 8:00 am Secretary of State P97000057347 DOCUMENT # 1. Entity Name C & H PIZZA COMPANY, INC. 05-14-2002 90329 021 ***150.00 Principal Place of Business Mailing Address 3830 S. NOVA RD. 742 HUNTCLUB TR. PORT ORANGE FL: 32127 PORT ORANGE FL 32127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3453859 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRUZ, JOSE L Street Address (P.O. Box Number is Not Acceptable) 742 HUNT CLUB TRAIL PORT ORANGE FL 32127 City Zip Code 8. The above named entity submits statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation deligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-TITLE ☐ Delete TITLE Change ☐ Addition CRUZ, JOSE L NAME NAME 742 HUNT CLUB TR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32127 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CRUZ, GLENDA NAME NAME STREET ADDRESS 742 HUNT CLUB TR. STREET ADDRESS PORT ORANGE FL 32127 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 peport 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

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