

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057347

1. Entity Name
C & H PIZZA COMPANY, INC.



Principal Place of Business
3830 S. NOVA RD.
PORT ORANGE FL 32127

Mailing Address
742 HUNTCLUB TR.
PORT ORANGE FL 32127

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 59-3453859

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

CRUZ, JOSE L
742 HUNT CLUB TRAIL
PORT ORANGE FL 32127

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
PT CRUZ, JOSE L
STREET ADDRESS 742 HUNT CLUB TR.
CITY-ST-ZIP PORT ORANGE FL 32127

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME
VPS CRUZ, GLENDA
STREET ADDRESS 742 HUNT CLUB TR.
CITY-ST-ZIP PORT ORANGE FL 32127

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/03 (386) 756 3564

Date

Daytime Phone #

FILED

03 JUN 30 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

0014962 AV

CR2E034 (10/02)

Attachment

Progon

June 24, 2003

Department of State
Division of Corporations
P.O.Box 1500
Tallahassee FL 32302

Document No: P97000057347
P01000056880
P02000064131

Dear Sir or Madam:

Enclosed is the 2003 Uniform Business Reports for my three companies:
C & H Pizza Co., J & G Pizza Co. and Genesis Pizza Co.

My health, this last six months, has been pretty bad, which made me be out of my business all this time. As soon I came back I realize that I do not do my reports and they are late.

I would like to present under your consideration, if possible, if you can excuse the penalties for my mistake. This is the first time something like this happens to me. The uncertainty of my health problem, at this day they still doing tests to determine exactly why I'm sick, the excessive medical expenses and the critical economic condition make it really hard to pay the penalties.

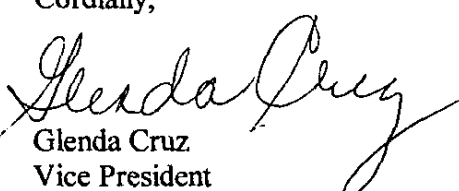
I would appreciate whatever if possible for you to do.

I'm sending the three reports, two checks with the fees and one check with the three certificates.

Also copy of the hospitalization check out.

If you need more information please call (386) 756-3564.

Cordially,


Glenda Cruz
Vice President