

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90007 038 ***150.00

DOCUMENT # P97000074653

1. Entity Name

D & J Collina Pizzeria, Inc

Principal Place of Business

Mailing Address

3861 EAST TAMiami TR.
 UNIT 116
 NAPLES FL 34112

3861 EAST TAMiami TR.
 UNIT 116
 NAPLES FL 34112

A0066183

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3483829

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, ROBERT J
 3861 EAST TAMiami TR.
 UNIT 116
 NAPLES FL 34112

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	DIP	<input type="checkbox"/> Delete
NAME	MOORE, ROBERT J	
STREET ADDRESS	623 104TH AVE NORTH	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	DIVP	<input type="checkbox"/> Delete
NAME	COMERIATO, ANTHONY J.	
STREET ADDRESS	41 MENTOR DRIVE	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	MOORE, DESORAH	<input type="checkbox"/> Delete
NAME	MOORE, DESORAH	
STREET ADDRESS	623 104TH AVE NORTH	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	COMERIATO, SANCT	<input type="checkbox"/> Delete
NAME	COMERIATO, SANCT	
STREET ADDRESS	41 MENTOR DRIVE	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  VP
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/28/2000 x (941) 597-0007
 Daytime Phone #

CR2E034 (9/99)