

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087648

1. Entity Name

BIG DADDY'S PIZZA INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90132 024 ***158.75

Principal Place of Business

Mailing Address

101 SUNNY TOWN ROAD #101
CASSELBERRY FL 32707

101 SUNNY TOWN ROAD #101
CASSELBERRY FL 32707-3862

2. Principal Place of Business

10125 W. Colonial Dr

3. Mailing Address

10125 W. Colonial Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

206

City & State

City & State

OCOE FL

OCOE FL

Zip

Country

Zip

Country

34761

USA

34761

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3561419

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

SWICKER, STEVE
539 CANBY CIR.
OCOE FL 34761

Name

STEVEN P Zwicker

Street Address (P.O. Box Number is Not Acceptable)

9649 W. Id OAK Dr

City

Windermere

FL

Zip Code

34786

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

STEVEN P Zwicker

2/8/2000

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	P	<input type="checkbox"/> Delete
NAME	ZWICKER, STEVE	
STREET ADDRESS	539 CANBY CIR.	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SABATINI, JOSEPH	
STREET ADDRESS	1217 OVERLOOK RD.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GRACZYK, OLIN	
STREET ADDRESS	211 DIEDRICH ST.	
CITY-ST-ZIP	EUSTIS FL 32726	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE Zwicker	
STREET ADDRESS	9649 W. Id OAK Dr	
CITY-ST-ZIP	Windermere FL 34786	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2000

Date

407 292 6130

Daytime Phone #

CR2E034 (9/99)