

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90216 028 ***150.00

DOCUMENT # P97000105836

1. Entity Name
FAZIO PIZZA, INC.

Principal Place of Business

**445 YACHT CLUB LANE
 TERRA VERDE FL 33715**

Mailing Address

**1040 CRYSTAL BOLD CIR
 CASSELBERRY FL 32707**

**5980 Shore Blvd South
 Apt # 1012 Gulfport Fla**

2. Principal Place of Business

1414 58th St. South.

3. Mailing Address

5980 Shore Blvd S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt # 1012

City & State

Gulfport FL

City & State

Gulfport FL

Zip

33707

Country

Pinellas

Zip

33707

Country

Pinellas



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0831200**

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

~~ZEOL SAM JR
 8413 JACARANDA AVE
 LARGO FL 33777-3619~~

**Renee' S. Fazio
 5980 Shore Blvd S.
 Apt # 1012
 Gulfport FL 33707**

Name **Renee' S. Fazio**

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

5980 Shore Blvd South

Apt # 1012

City

Gulfport

FL

Zip Code

33707

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 **Renee' S. Fazio** V.P. May 1-01

(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, 2001 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 **VP** ☒ Delete
 NAME ~~ZEOL SAM JR~~
 STREET ADDRESS ~~8413 JACARANDA AVE~~
 CITY-ST-ZIP ~~LARGO FL 33777-3619~~

TITLE **ST** ☒ Delete
 NAME **FAZIO, RENEE**
 STREET ADDRESS **1415 YACHT CLUB LANE**
 CITY-ST-ZIP **TERRA VERDE FL 33715**

TITLE **Renee' S. Fazio** ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Renee' S. Fazio** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5980 Shore Blvd South**
 CITY-ST-ZIP **Apt # 1012 Gulfport FL**

TITLE **(V. Pres)** ☐ Change ☐ Addition
 NAME **+ Regist Agent -**
 STREET ADDRESS **33707**
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 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: **Renee' S. Fazio**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1-01 727-343-9872
 Date Daytime Phone #

0035675

CR2E034 (10/00)