

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105836

1. Entity Name
FAZIO PIZZA, INC.

Principal Place of Business

145 YACHT CLUB LANE
TIERRA VERDE FL 33715

Mailing Address

1040 CRYSTAL BOLD CIR
CASSELBERRY FL 327075980 Shore Blvd South
APT # 1012 Gulfport Fla

2. Principal Place of Business

1414 58th St. South.

Suite, Apt. #, etc.

3. Mailing Address

33707
5980 Shore Blvd S.

Suite, Apt. #, etc.

Apt. # 1012

City & State

Gulfport FL

City & State

Gulfport FL

Zip 33707

Country Pinellas

Zip 33707

Country Pinellas

4. FEI Number 65-0831200

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZEOLI SAM JR
8413 JACARANDA AVE
LARGO FL 33777-3619Renee' S. Fazio
5980 Shore Blvd S.
Apt # 1012
Gulfport FL 33707Name Renee' S. Fazio
Street Address (P.O. Box Number is Not Acceptable)
5980 Shore Blvd SouthApt # 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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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
NAME ZEOLI, SAM
STREET ADDRESS 8413 JACARANDA AVE
CITY-ST-ZIP LARGO FL 33777-3619 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPRenee' S. Fazio Change Addition
5980 Shore Blvd South
(V. Presd) Apt # 1012 Gulfport FL
33707 Change AdditionTITLE SF
NAME FAZIO, RENEE
STREET ADDRESS 145 YACHT CLUB LANE
CITY-ST-ZIP TIERRA VERDE FL 33715 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Renee' S. Fazio
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIPTITLE
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STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
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
Daytime Phone #

CR2E034 (10/00)

0359575