

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90016 040 ***150.00

DOCUMENT # P98000003456

1. Entity Name
PARRISH PIZZA, INC.



Principal Place of Business
**8255 US HIGHWAY 301 NORTH
PARRISH FL 34219**

Mailing Address
**9514 30TH CT E
PARRISH FL 34219**



2. Principal Place of Business

3. Mailing Address

8255 US Hwy 301 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Parrish FL

Zip

Country

Zip

34219

Country

USA

4. FEI Number **65-0801220**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLISS, DAVID N
9514 30TH CT E
PARRISH FL 34219**

Name **ROGER S. Geller**

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

8255 US Hwy 301 North

City **Parrish**

FL

Zip Code **34219**

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 **Roger S. Geller** President

(NOTE: Registered Agent signature required when reinstating)

4/8/03

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 **P** ☒ Delete
NAME **BLISS, DAVID N**
STREET ADDRESS **9514 30TH COURT EAST**
CITY-ST-ZIP **PARRISH FL 34219**

TITLE **V.P.** ☒ Change ☐ Addition
NAME **BLISS DAVID N**
STREET ADDRESS **9514 30th COURT EAST**
CITY-ST-ZIP **PARRISH FL 34219**

TITLE **VP** ☒ Delete
NAME **BLISS, JONNA**
STREET ADDRESS **9514 30TH CT E**
CITY-ST-ZIP **PARRISH FL 34219**

TITLE **P. President** ☒ Change ☒ Addition
NAME **ROGER S. Geller**
STREET ADDRESS **415 26th AVE EAST**
CITY-ST-ZIP **Bradenton FL 34208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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

4/8/03

(941) 776-9116

Date

Daytime Phone #

CR2E034 (10/02)