

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014434

1. Entity Name
NAPLES PIZZA, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90099 008 ***150.00

Principal Place of Business
10265 NO TAMiami TRAIL STE 3
NAPLES FL 34108

Mailing Address
10265 NO TAMiami TRAIL STE 3
NAPLES FL 34108-1904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3491027

Applied For
Not Applicable

Zip Country

Zip Country

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

MOORE, ROBERT J
10265 NO TAMiami TRAIL STE 3
NAPLES FL 34108

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	D Pres	<input type="checkbox"/> Delete
NAME	MOORE, ROBERT J	
STREET ADDRESS	623 104 AVE NO	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D VP	<input type="checkbox"/> Delete
NAME	COMERIATO, ANTHONY J	
STREET ADDRESS	41 MENTOR DR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DEBRA MOORE	<input type="checkbox"/> Delete
NAME	SECT.	
STREET ADDRESS	623 104TH AVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	JAMES L. COMERIATO	
STREET ADDRESS	41 MENTOR DR	
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		
STREET ADDRESS		
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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: X *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/2/00 X 941-594-8059
Date Daytime Phone #

CR2E034 (9/99)