2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90994 040 ***150.00

DOCUMENT # P98000015793

1. Entity Name
COAL'S BRICK OVEN PIZZERIA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 57312 JACKSONVILLE FL 32241	P.O. BOX 57312 JACKSONVILLE FL 32241-7312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13225 ATLANTIC BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State
Zip: 32225 Country	Zip Country

4. FEI Number 59-3496549 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIMATTIA, P.
12121-A PHILIPS HIGHWAY
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name: D; MATTIA P
Street Address (P.O. Box Number is Not Acceptable): 12867 ATLANTIC Rd.
City: Jacksonville FL Zip Code: 32258

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: Mary a DiMattia DATE: 4/03/01
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEISLITZER, SHIRLEY 13225 ATLANTIC BLVD. JACKSONVILLE FL 32225	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 Shirley Meislitzer 4/03/2001 904-288-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR