

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029402

1. Entity Name

FEOLA'S PIZZA & PASTA INC

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

02 JAN -4 AM 11:49

Principal Place of Business
7110 5TH AVEN
ST. PETE FL 33710

Mailing Address
7200 BURLINGTON AVEN
ST. PETE FL. 33710

2. Principal Place of Business
7110 5TH AVEN

3. Mailing Address
7200 BURLINGTON AVEN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST. PETE FL.

City & State
ST. PETE FL.

4. FEI Number
59-3502052

Applied For
Not Applicable

Zip Country
33710 USA

Zip Country
33710 USA

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

CARMELO S FEOLA
7200 BURLINGTON AVEN
ST PETE FL. 33710

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 *Carlo S. Feola*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Dec 25, 01

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 ☐ Delete
NAME PRESIDENT
STREET ADDRESS CARMELO S FEOLA
CITY-ST-ZIP 7200 BURLINGTON AVEN
ST. PETE FL 33710

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: *Carlo S. Feola*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 25, 01
Date

727-347-8415
Daytime Phone #

CR2E034 (11/00)