2001 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2001 8:00 am Secretary of State DOCUMENT # P98000031338 1. Entity Name HOMETOWN PIZZA, INC. 01-24-2001 90043 034 ***158.75 Principal Place of Business Mailing Address 4147 W. VINE ST. 4147 W. VINE ST. KISSIMMEE FL 34741 KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3504999 Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Etrain K. Yortas ROSSELLI, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 4147 W. VINE ST. KISSIMMEE FL 34741 West Vine Street Zip Code 34741 8. The above named entity submits this standment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE PORTAS, EFRAIN R NAME NAME STREET ADDRESS 876 MONOPOLY COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32824 ☐ Addition ☐ Change Delete TITLE TITLE SHELDON, KENNETH G NAME 3434 CYPRESS POINT CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. CLOUD FL 34772 ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Dayline Phone #

FILED