

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**  
 03-02-2001 90109 044 \*\*\*150.00

**DOCUMENT # P98000071529**

1. Entity Name  
**BIRDIE'S PIZZA INC.**

Principal Place of Business  
**4317 CLEVELAND AVENUE  
 FORT MYERS FL 33901**

Mailing Address  
**4317 CLEVELAND AVENUE  
 FORT MYERS FL 33901**

2. Principal Place of Business

**4329 (201) Cleveland Ave**

3. Mailing Address

**4329 Cleveland Ave**

Suite, Apt. #, etc.

**Suite 201**

Suite, Apt. #, etc.

**Suite 201**

City & State

**Fort Myers FL**

City & State

**Fort Myers FL**

Zip

**33901**

Country

**Lee**

Zip

**33901**

Country

**Lee**

6. Name and Address of Current Registered Agent

**BEEKMAN, GUY  
 7370 PINNACLE PINES DRIVE  
 APARTMENT D4  
 FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

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, 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BEEKMAN, GUY</b>	
STREET ADDRESS	<b>7370 PINNACLE PINES DRIVE, APT. D4</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HADSOCK, SALLY</b>	
STREET ADDRESS	<b>12650 KENWOOD LANE, APT. D</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Guy Beekman**

Date

Daytime Phone #

**1/30/01 9419361118**

CR2E034 (10/00)