

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006396

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90130 030 ***150.00

1. Entity Name
NOKOMIS PIZZA, INC.

Principal Place of Business
**1085-B NORTH TAMiami TRAIL
NOKOMIS FL 34239**

Mailing Address
**1085-B NORTH TAMiami TRAIL
NOKOMIS FL 34275-2163**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0892648

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

6. Name and Address of Current Registered Agent
**SHEAR, ROBERT L
2790 SUNSET POINT ROAD
CLEARWATER, FL 33759**

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 _____ (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. ☐ **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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	HEGEDUS, ROBERT			NAME			
STREET ADDRESS	1085-B NORTH TAMiami TRAIL			STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS FL 34239			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	LANDRY, SCOTT			NAME			
STREET ADDRESS	1085-B NORTH TAMiami TRAIL			STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS FL 34239			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	GREEN, KEVIN			NAME			
STREET ADDRESS	1085-B NORTH TAMiami TRAIL			STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS FL 34239			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	DIXON, DONALD D			NAME			
STREET ADDRESS	1085-B NORTH TAMiami TRAIL			STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS FL 34239			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
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)(f), 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: **Robert Hegedus** 01-12-2000 941-412-0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-15-00
Date Daytime Phone #