

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000012987**

1. Entity Name

DBM PIZZA, INC.**FILED****May 19, 2000 8:00 am**
Secretary of State

05-19-2000 90052 034 ***150.00

Principal Place of Business

**2801 NORTH TAMiami TREAIL
SARASOTA FL 34234**

Mailing Address

**4829 HIGEL AVENUE
UNIT 5
SARASOTA FL 34242-1444**

2. Principal Place of Business

5900 South Tamiami Trl

3. Mailing Address

4829 Higel Avenue

Suite, Apt. #, etc.

E

Suite, Apt. #, etc.

5

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

65-0987191 220812

Applied For

Not Applicable

Zip

34232

Country

USA

Zip

34231

Country

USA5. 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****SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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, 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 **PSTD** ☐ Delete
NAME **MCGUINNESS, DAN B**
STREET ADDRESS **2801 NORTH TAMiami TREAIL**
CITY-ST-ZIP **SARASOTA FL 34234**TITLE **PSTD** ☒ Change ☐ Addition
NAME **McGuinness, Dan B**
STREET ADDRESS **5900 South Tamiami Trl**
CITY-ST-ZIP **Sarasota, FL 34232**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)