

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000014864**

1. Entity Name

**5TH AVE. PIZZA INC.**

Principal Place of Business

**16520 SOUTH TAMIAMI TRAIL  
#18-136  
FT. MYERS FL 33908**

Mailing Address

**16520 SOUTH TAMIAMI TRAIL  
#18-136  
FT. MYERS FL 33908**

2. Principal Place of Business

**24600 S TAMIAMI TRL**

3. Mailing Address

**15600 OLD 41**

Suite, Apt. #, etc.

**100**

Suite, Apt. #, etc.

City & State  
**FT MYERS, FL 34134**City & State  
**NAPLES, FL 32399**

Zip

Country

Zip

Country

4. FEI Number **65-0894652**

Applied For

Not Applicable

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****ROHRET, KARIN  
5290 SEMINOLE BLVD  
ST. PETERSBURG FL 33708**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **P** ☒ Delete  
NAME **RODNEY, JOHN JR**  
STREET ADDRESS **16520 S TAMIAMI 18-136**  
CITY-ST-ZIP **FORT MYERS FL 33908**TITLE **P** ☒ Change ☐ Addition  
NAME **GARY BUELL**  
STREET ADDRESS **15600 OLD 41**  
CITY-ST-ZIP **NAPLES, FL 32399**TITLE **VP** ☒ Delete  
NAME **RODNEY, LINDA**  
STREET ADDRESS **16520 S TAMIAMI TRAIL 18-136**  
CITY-ST-ZIP **FORT MYERS FL 33908**TITLE ☐ Change ☐ Addition  
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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: *Gary Buell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

**976105**

CR2E034 (10/00)