

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90061 017 \*\*\*150.00

**DOCUMENT # P99000037904**

1. Entity Name

**DOUGH BOY PIZZA, INC.**

Principal Place of Business

Mailing Address

**24748 LAKEMONT COVE  
UNIT I 201  
BONITA SPRINGS FL 34134****24748 LAKEMONT COVE  
UNIT I 201  
BONITA SPRINGS FL 34134**

00025384

2. Principal Place of Business

**7460 SAN CARLOS BLVD.**

3. Mailing Address

**24532 SAILFISH ST**

Suite, Apt. #, etc.

**SUITE D & E**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

**FORT MYERS, FL**

City &amp; State

**Bonita Springs FL**

4. FEI Number

**65-0928056**

Applied For

Not Applicable

Zip  
**33912**Country  
**USA**Zip  
**34134**Country  
**USA**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

**PATRAS, JOANNE  
24748 LAKEMONT COVE  
UNIT I 201  
BONITA SPRINGS FL 34134**Name  
**JOANNE PATRAS**Street Address (P.O. Box Number Not Acceptable)  
**24532 SAILFISH STREET**City  
**BONITA SPRINGS**FL Zip Code  
**34134**

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.

**JOANNE PATRAS, PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/21/01**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST PATRAS, JOANNE 24748 LAKEMONT COVE UNIT I 201 BONITA SPRINGS FL 34134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST PATRAS, JOANNE 24532 SAILFISH STREET BONITA SPRINGS, FL 34134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FKLARAS, DEPHKALEON N 3575 BENNINGTON DR APT 106 FORT MYERS FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

**Joanne Patras, President 1/21/00 941 9803504**

CR2E034 (10/00)