FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90723 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060484

1. Entity Name
R.C. PIZZA, INC.

90074724

Principal Place of Business
828 LIGHTHOUSE COVE
SANFORD, FL 32773

Mailing Address
828 LIGHTHOUSE COVE
SANFORD, FL 32773

2. Principal Place of Business: 6153 Oak Shore Drive
Suite, Apt. #, etc.
City & State: ST Cloud FL
Zip: 34771 Country:

3. Mailing Address: 6153 Oak Shore Drive
Suite, Apt. #, etc.
City & State: ST Cloud FL
Zip: 34771 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3587918 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
TRAENKNER, RICK
~~828 LIGHTHOUSE COVE~~
~~SANFORD, FL 32773~~

7. Name and Address of New Registered Agent
Name: Traenkner Rick
Street Address (P.O. Box Number is Not Acceptable): 6153 Oak Shore Drive
City: ST Cloud FL Zip Code: 34771

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Rick Traenkner Director/President 3-31-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRAENKNER, RICK ~~828 LIGHTHOUSE COVE~~ ~~SANFORD, FL 32773~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6153 Oak Shore Drive ST Cloud, FL 34771	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rick Traenkner 3-31-2003 9546807759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #