

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 10, 2000 8:00 am
Secretary of State

05-22-2000 90025 046 ***150.00

DOCUMENT # P99000064825

1. Entity Name

MIKEY D'S PIZZA, INC.

Principal Place of Business

130 FAIRWAY WOODS BOULEVARD
ORLANDO FL 32824

Mailing Address

130 FAIRWAY WOODS BOULEVARD
ORLANDO FL 32824-9026

2. Principal Place of Business

See above
Suite, Apt. #, etc.

3. Mailing Address

See above
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

377-742447

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALKER, PHILLIP L
130 FAIRWAY WOODS BOULEVARD
ORLANDO FL 32824

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

TITLE: Owner/Head officer
NAME: Phillip L Walker
STREET ADDRESS: P.O. Box 701051
CITY-ST-ZIP: St Cloud FL 34770

TITLE: N/A
NAME: N/A
STREET ADDRESS: N/A
CITY-ST-ZIP: N/A

TITLE: N/A
NAME: N/A
STREET ADDRESS: N/A
CITY-ST-ZIP: N/A

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CITY-ST-ZIP: N/A

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NAME: N/A
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CITY-ST-ZIP: N/A

TITLE: N/A
NAME: N/A
STREET ADDRESS: N/A
CITY-ST-ZIP: N/A

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: N/A
NAME: N/A
STREET ADDRESS: N/A
CITY-ST-ZIP: N/A

TITLE: N/A
NAME: N/A
STREET ADDRESS: N/A
CITY-ST-ZIP: N/A

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CITY-ST-ZIP: N/A

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:

Phillip L Walker

Date

4-30-00

Daytime Phone #

407-891-6293

CR2E034 (9/99)