

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90404 023 ***150.00

1543011 AV

DOCUMENT # P99000078405

1. Entity Name

T.B.P. PIZZA INC

Principal Place of Business

**8638 ROBILINA RD
PORT RICHEY FL 34668**

Mailing Address

**8638 ROBILINA RD
PORT RICHEY FL 34668**

2. Principal Place of Business

6424 Ridge Rd
Suite, Apt. #, etc.

3. Mailing Address

6114 13th Ave
Suite, Apt. #, etc.

City & State

Port Richey FL

City & State

New Port Richey FL

Zip

34668

Country

PASCO

Zip

34653

Country

PASCO

4. FEI Number

59-3595933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KIMBLE, KAREN L
8638 ROBILINA RD
PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name
Karen L. Kimble

Street Address (P.O. Box Number is Not Acceptable)

6114 13th Ave

City

New Port Richey

FL

Zip Code

34653

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 **Karen L. Kimble**

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	KIMBLE, KAREN L	
STREET ADDRESS	8638 ROBILINA RD	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAHONY, SUSAN	
STREET ADDRESS	12 BANCROFT ST	
CITY-ST-ZIP	LYNNFIELD MA 01940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen L. Kimble	
STREET ADDRESS	6114 13th AVE	
CITY-ST-ZIP	New Port Richey FL 34653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Karen L. Kimble**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02

Date

787-847-5182

Daytime Phone #

CR2E034 (9/01)