

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State
 05-26-2000 90288 024 ***150.00

DOCUMENT # P99000089217

1. Entity Name
PIZZA BELLA, INC.

Principal Place of Business **Mailing Address**
 5537 SHELDON RD. 5537 SHELDON RD.
 TAMPA FL 33615 TAMPA FL 33615-3153



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 5537 Sheldon Rd
 Suite, Apt. #, etc. X
 City & State Tampa, FL
 Zip 33615 Country Hillsborough

3. Mailing Address
 5537 Sheldon Rd
 Suite, Apt. #, etc. X
 City & State Tampa FL
 Zip 33615 Country Hillsborough

4. FEI Number 65-0988303
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 RILEY, RICHARD A
 5537 SHELDON RD.
 TAMPA FL 33615

7. Name and Address of New Registered Agent
 Name Richard Riley
 Street Address (P.O. Box Number is Not Acceptable)
 5537 Sheldon Rd
 City Tampa FL Zip Code 33615

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 Richard Riley Richard Riley DATE 4-30-00
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RILEY, RICHARD A		NAME	Boncore Angelo	
STREET ADDRESS	5537 SHELDON RD.		STREET ADDRESS	5537 Sheldon Rd	
CITY-ST-ZIP	TAMPA FL 33615		CITY-ST-ZIP	Tampa FL 33615	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Richard Riley Richard Riley DATE 4-30-00 (813) 886-5599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)