

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S96091

1. Entity Name

TWIGGY'S PIZZA INC.

Principal Place of Business

4523 26TH STREET WEST
BRADENTON FL 34207

Mailing Address

4523 26TH STREET WEST
BRADENTON FL 34207-1285

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0298315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TWIGG, BRUCE
4523 26TH STREET WEST
BRADENTON FL 34207

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 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, 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 V
NAME RODD, DANIEL
STREET ADDRESS 3403 CAMBRIDGE DR. W.
CITY-ST-ZIP BRADENTON FL ☒ Delete

TITLE PD
NAME TWIGG, BRUCE
STREET ADDRESS 1106 30 ST N
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE T
NAME TWIGG, CECIL
STREET ADDRESS 828 COBB ST.
CITY-ST-ZIP GROTON NY ☐ Delete

TITLE V
NAME TWIGG, JILL
STREET ADDRESS 1106 30TH ST W
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE S
NAME OVERSTREET, GERALD
STREET ADDRESS 1812 52ND AVE
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

4/1/00

941-753-8971

Daytime Phone #

CR2E034 (9/99)

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90037 034 ***150.00

DO NOT WRITE IN THIS SPACE