

FILED
May 08, 2000 8:00 am
Secretary of State

B0086405



DO NOT WRITE IN THIS SPACE

<div>DOCUMENT # V25382</div> <div>1. Entity Name</div> <div>T-N-T PIZZA, INC.</div>				<div>FILED</div> <div>May 08, 2000 8:00 am</div> <div>Secretary of State</div> <div>05-08-2000 90112 047 ***150.00</div>																																																																																																																											
<div>Principal Place of Business</div> <div>P.O. BOX 630</div> <div>LITHIA FL 33547</div> <div>US</div>				<div>Mailing Address</div> <div>P.O. BOX 630</div> <div>LITHIA FL 33547-0630</div> <div>US</div>																																																																																																																											
<div>2. Principal Place of Business</div> <div>Suite, Apt. #, etc.</div> <div>City & State</div> <div>ZipCountry</div>				<div>3. Mailing Address</div> <div>Suite, Apt. #, etc.</div> <div>City & State</div> <div>ZipCountry</div>																																																																																																																											
				<div>4. FEI Number</div> <div>59-3116354</div> <div>Applied For</div> <div>Not Applicable</div>																																																																																																																											
				<div>5. Certificate of Status Desired</div> <div></div> <div>\$8.75 Additional Fee Required</div>																																																																																																																											
<div>6. Name and Address of Current Registered Agent</div> <div>QUINZI, TODD</div> <div>5003 MUIR WAY</div> <div>LITHIA FL 33547</div>				<div>7. Name and Address of New Registered Agent</div> <div>Name</div> <div>Street Address (P.O. Box Number is Not Acceptable)</div> <div>CityFLZip Code</div>																																																																																																																											
<div>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.</div>																																																																																																																															
<div>SIGNATURE</div> <div>Signature, typed or printed name of registered agent and title if applicable.</div> <div>(NOTE: Registered Agent signature required when reinstating)</div> <div>DATE</div>																																																																																																																															
<div>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</div> <div>(See criteria on back)</div> <div></div>		<div>FILE NOW!!! FEE IS \$150.00</div> <div>After MAY 1, 2000 Fee will be \$550.00</div> <div>Make Check Payable to Department of State</div>		<div>10. Election Campaign Financing Trust Fund Contribution.</div> <div></div> <div>\$5.00 May Be Added to Fees</div>																																																																																																																											
<div>11. OFFICERS AND DIRECTORS</div> <table><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>QUINZI, TODD</td><td></td></tr><tr><td>STREET ADDRESS</td><td>5003 MUIR WAY</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LITHIA FL 33547</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				TITLE	P	<input type="checkbox"/> Delete	NAME	QUINZI, TODD		STREET ADDRESS	5003 MUIR WAY		CITY-ST-ZIP	LITHIA FL 33547		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<div>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</div> <table><tr><td>TITLE</td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>				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			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			TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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<div>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.</div>																																																																																																																															
<div>SIGNATURE: SIGNATURE REQUIRED</div> <div>TODD QUINZI</div> <div>4-18-00</div> <div>813-661-2223</div> <div>Signature and typed or printed name of signing officer or director</div> <div>Date</div> <div>Daytime Phone #</div>																																																																																																																															