

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90092 015 ***150.00

DOCUMENT # V36632**1. Entity Name****VILLA ROMA ITALIAN RESTAURANT & PIZZERIA OF SPR****Principal Place of Business****7384 SHOAL LINE BLVD.
SPRING HILL FL 34607****Mailing Address****7384 SHOAL LINE BLVD.
SPRING HILL FL 34607****2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number 59-3125293**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****OLSEN, ROBERT
7384 SHOAL LINE BLVD.
SPRING HILL FL 34607****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, 2001 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**
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
OLSEN, ROBERT
6169 MOUNTAIN WAY
SPRING HILL FL 34608☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
OLSEN, MARY C.
6169 MOUNTAIN WAY
SPRING HILL FL 34608☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
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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

Mary C. Olsen President

Date

4-1-01 (352) 597-2121

Daytime Phone #

CR2E034 (10/00)