

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90135 034 ***150.00

DOCUMENT # V49646

1. Entity Name

T. S. Pizza, Inc.

Principal Place of Business

Mailing Address

40114 U.S. Highway 19 North
 Tarpon Springs, FL 34689-8330

2. Principal Place of Business

Tarpon Springs, FL

3. Mailing Address

40114 US Highway 19 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Tarpon Springs, FL

4. FEI Number

59-3139045

Applied For

Not Applicable

Zip

Country

Zip

34689-8330

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Robert L. Shear
 2790 Sunset Point Road
 Clearwater, FL 33759

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 ☐ Delete
 NAME **P/D Julie Hearn**
 STREET ADDRESS **2109-D Main Street**
 CITY-ST-ZIP **Dunedin, FL 34698**

TITLE ☐ Delete
 NAME **VP/D Raymond Kramer**
 STREET ADDRESS **2109-D Main Street**
 CITY-ST-ZIP **Dunedin, FL 34698**

TITLE ☐ Delete
 NAME **VP/D James R. Hearn**
 STREET ADDRESS **2829 Cobblestone Drive**
 CITY-ST-ZIP **Palm Harbor, FL. 34684-1655**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

James R. Hearn
James R. Hearn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/2001

Date

727-938-9626

Daytime Phone #

CR2E034 (9/99)