Aug 16 04 11:04a D & S MGMT SRVS 95

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Aug 18, 2004 8:00 am
Secretary of State
08-18-2004 90002 027 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V59477

1. Entity Name
THE UPPER CRUST PIZZA COMPANY OF JACKSONVILLE, INC.

54068674

Principal Place of Business	Mailing Address
1696 TRAFALGAR CT. ORANGE PARK, FL 32003	1696 TRAFALGAR CT. ORANGE PARK, FL 32003

2. Principal Place of Business	3. Mailing Address
870 Cassat Ave	5000-18 Hwy 17
Suite, Apt. #, etc.	Suite, Apt. #, etc. PmB 233
City & State: Jacksonville Fl	City & State: Orange Park Fl.
Zip: 32205 Country: US	Zip: 32003 Country: US

08162004 Chg-P CR2E034 (10/03)

4. FEI Number: APPLIED FOR 593139794 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAIRBANKS, RANDAL C
228 PONTE VEDRA PARK DRIVE
SUITE 200
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name: James F. Holmes
Street Address (P.O. Box Number is Not Acceptable): 1696 Trafalgar ct
City: Orange Park FL Zip Code: 32003

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: James F. Holmes 8/16/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLMES, JAMES F 1696 TRAFALGAR CT. ORANGE PARK, FL 32003	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS ZAMBITO, SALVATORE A 24 HUNTINGTON CT WILLIAMSVILLE, NY 14221	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James F. Holmes 8/16/04 904-993-3371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #