

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL -8 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V60138

1. Entity Name

Pic a Pizza, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

The Loop

Suite, Apt. #, etc.

14444 Beach Blvd. #51

City & State

Jacksonville FL

Zip

32250

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3138153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JEANETTE BAJALIA

Street Address (P.O. Box Number is Not Acceptable)

125 Sea Lilly Lane

City

Ponte Vedra Beach

FL

Zip Code

32082

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 fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$250.00

Amended UBR is \$61.25

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 P
NAME JEANETTE BAJALIA
STREET ADDRESS 125 SEA LILLY LANE
CITY-ST-ZIP Ponte Vedra Beach FL 32082

TITLE V
NAME JIMMY BATTEN
STREET ADDRESS 4324 San Marterro Road N.
CITY-ST-ZIP Jacksonville, FL 32217

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

Date

Daytime Phone /

CR2034B (12/01)