

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G03507**

1. Entity Name

SABO'S PIZZA, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90060 011 ***150.00

Principal Place of Business

Mailing Address

7448 HWY 21 N
 KEYSTONE HGTS FL 32656
 US

P.O. BOX 698
 KEYSTONE HGTS FL 32656-0698
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2281709

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PREVATT, MYRON C., JR
PALMETO AND NIGHTINGALE, P.O. DRAWER 790
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

Name Eraine L Sabo
 Street Address (P.O. Box Number is Not Acceptable)
8409 SR 100
Melrose FL
 City FL Zip Code 32666

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

Eraine L. Sabo, Sec. Treas Eraine L. Sabo

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<u>same</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABO, ERAINE L	NAME	<u>same</u>
STREET ADDRESS	5475 SE 3RD AVE	STREET ADDRESS	<u>8409 SR 100</u>
CITY-ST-ZIP	KEYSTONE HGTS, FL 00000	CITY-ST-ZIP	<u>Melrose FL 32666</u>
TITLE	PD <input type="checkbox"/> Delete	TITLE	<u>same</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABO, ROBERT J	NAME	<u>same</u>
STREET ADDRESS	5475 SW 3RD AVE	STREET ADDRESS	<u>8409 SR 100</u>
CITY-ST-ZIP	KEYSTONE HGTS, FL 00000	CITY-ST-ZIP	<u>Melrose FL 32666</u>
TITLE	VD <input type="checkbox"/> Delete	TITLE	<u>same</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABO JR, ROBERT J	NAME	<u>same</u>
STREET ADDRESS	8409 SR 100	STREET ADDRESS	<u>5319 CR 362</u>
CITY-ST-ZIP	MELROSE FL	CITY-ST-ZIP	<u>Keystone Hgts FL 32656</u>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 OF ERRAINE L. SABO, S/T (Eraine L. Sabo) 1-14-00 (352) 473-2807
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/99