

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H63605

1. Entity Name
HABJAN'S PIZZA, INCORPORATED

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90217 033 ***150.00

Principal Place of Business % NANCY M. HABJAN 10953 SEMINOLE BLVD. SEMINOLE FL 33778 US	Mailing Address % NANCY M. HABJAN 10953 SEMINOLE BLVD. SEMINOLE FL 33778 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HABJAN, NANCY M.
10953 SEMINOLE BLVD.
SEMINOLE FL 33778

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	PD	☐ Delete
NAME	HABJAN, FRANK L.	
STREET ADDRESS	10953 SEMINOLE BLVD.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	STD	☐ Delete
NAME	HABJAN, NANCY M.	
STREET ADDRESS	10953 SEMINOLE BLVD.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VD	☐ Delete
NAME	HABJAN, DOUGLAS J.	
STREET ADDRESS	10953 SEMINOLE BOULEVARD	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Nancy M Habjan NANCY M HABJAN 2-9-01 727-393-3984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)