

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

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-03-2003 90040 020 ***150.00

DOCUMENT # J18147

1. Entity Name

YOUNESS ENTERPRISES D.B.A PIZZA SHACK

(EL)



DO NOT WRITE IN THIS SPACE

55049412

2. Principal Place of Business

11963 INDIAN ROCKS

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LARGO FL

City & State

4. FEI Number

59-2726053

Applied For

Not Applicable

Zip

33774

Country

U.S.A

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

GEORGE HAYES

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

5959 Central Suite 104

City

ST. PETERSBURG

FL

Zip Code

33710

**DO NOT WRITE
IN THIS SPACE**

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

GEORGE L. HAYES III, P.A.

6/10/03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution,

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PRES / V. Pres.
NAME: DANIEL YOUNESS
STREET ADDRESS: 13000 PARK BLVD.
CITY-ST-ZIP: SEMINOLE, FL. 33776

TITLE: Sec/Treas
NAME: ANGELINE YOUNESS
STREET ADDRESS: 12000 PARK BLVD
CITY-ST-ZIP: SEMINOLE, FL. 33776

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
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CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/03

DATE

596-6780

DAYTIME PHONE #

CR2E034B (12/02)

To Whom It May Concern Attachment ~~55049412~~

Never received a form for Corp.
Uniform Business Corp.

Youness Enterprises
11963 Indian Rks. Rd
Largo, FL. 33774

59-2724053

George Hayes still Agent

Nothing Has Changed



4/30/03