

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90095 005 ***150.00

DOCUMENT # P93000014433

1. Entity Name

PIZZA CONNECTION, INC.

Principal Place of Business

Mailing Address

1602-1 S FED HWY
 BOYNTON BEACH FL 33435
 US

1602-1 S FED HWY
 BOYNTON BEACH FL 33435
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0390573

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SETTICASI, STEVE
4220 FOX TRACE
BOYNTON FL 33436

Name

Steve Setticas

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

2 SABAL ISLAND DR

City

OCEAN RIDGE

FL

Zip Code

33435

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]

Stephanie Setticas

3-20-00

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

TITLE **DP** Delete
 NAME **SETTICASI, STEPHANE**
 STREET ADDRESS **4220 FOX TRACE**
 CITY-ST-ZIP **BOYNTON FL**

TITLE **DP** Change Addition
 NAME **SETTICASI, STEPHANE**
 STREET ADDRESS **2 SABAL ISLAND DR**
 CITY-ST-ZIP **OCEAN RIDGE FLA 33435**

TITLE **DST** Delete
 NAME **SETTICASI, STEPHANIE**
 STREET ADDRESS **4220 FOX TRACE**
 CITY-ST-ZIP **BOYNTON FL**

TITLE **DST** Change Addition
 NAME **SETTICASI, STEPHANIE**
 STREET ADDRESS **2 SABAL ISLAND DR**
 CITY-ST-ZIP **OCEAN RIDGE FLA 33435**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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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:

STEPHANIE SETTICAS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-00

361-9601

CR2E034 (9/99)