

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90026 003 ***150.00

DOCUMENT # F45118
 1. Entity Name
PALM SPRINGS PIZZA & RESTAURANT, INC.

Principal Place of Business 3333 S. CONGRESS AVE. PALM SPRINGS FL 33461 US	Mailing Address 3333 S. CONGRESS AVE. PALM SPRINGS FL 33406-5908 US
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2. Principal Place of Business <i>3087 Forest Hill Blvd</i>	3. Mailing Address <i>3087 Forest Hill Blvd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>West Palm Beach, FL</i>	City & State <i>West Palm Beach FL</i>
Zip <i>33406</i>	Country <i>USA</i>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PSOINOS, GEORGE D.
1655 PALM BEACH LAKES BLVD.
#106
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name *JOHN HADGIGEORGE*
 Street Address (P.O. Box Number is Not Acceptable)
7175 CHESAPEAKE CIRCLE
 City *BOYNTON BEACH* **FL** Zip Code *33462*

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]* (NOTE: Registered Agent signature required when reinstating) DATE *1-7-00*

9. This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so.
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 NAME STREET ADDRESS CITY-ST-ZIP	STD HADGIGEORGE, HELEN 3460 S OCEAN BLVD PALM BCH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P HADGIGEORGE, JOHN 7175 CHESAPEAKE CIRCLE BOYNTON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>JOHN HADGIGEORGE</i> <i>7175 CHESAPEAKE CIRCLE</i> <i>BOYNTON BEACH FL 33462</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V HADGIGERORGE, LAURA 7175 CHESAPEAKE CIRCLE BOYNTON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>LAURA HADGIGEORGE</i> <i>7175 CHESAPEAKE CIRCLE</i> <i>BOYNTON BEACH FL 33462</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* (NOTE: Signature and typed or printed name of signing officer or director)
 Date: *1-7-00*
 Daytime Phone #: *561-964-3500*