

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90126 049 \*\*\*150.00

**DOCUMENT # F81649**

1. Entity Name  
**PIZZA HEAVEN, INC.**

Principal Place of Business  
**% ROBERT KEATING**  
**208 SOUTH PARROTT AVENUE**  
**OKEECHOBEE FL 34974**

Mailing Address  
**% ROBERT KEATING**  
**208 SOUTH PARROTT AVENUE**  
**OKEECHOBEE FL 34974**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2183180**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KEATING, ROBERT**  
**208 SOUTH PARROTT AVENUE**  
**OKEECHOBEE FL 34974**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>PD</b> <b>KEATING, ROBERT</b> <b>208 SO PARROTT AVENUE</b> <b>OKEECHOBEE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Robert Keating*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7-11-02** Daytime Phone # **860-357-1522**

CR2E034 (4/02)

Attachment  
Doc. # F81649  
121651  
**PIZZA HEAVEN**

July 11, 2002

Florida Department of State  
Division of Corporations

For the first time in twenty years, I believe I did not receive a UBR form. Having not received the form, my bookkeeper never informed me that the UBR was due.

Upon receiving the 'second' notice with a request for a \$500.00 filing, I called your office. I was told to send a check for \$150.00 along with a letter of explanation. If there is any problem with this solution, please let me know as soon as possible so I can avoid any further penalties.

Thank you.



Robert Keating  
President