

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90034 049 ***150.00

044574 AV

DOCUMENT # H63525

1. Entity Name

KING PIZZA PALACE, INC.

Principal Place of Business

**1530 S. PASADENA AVENUE
SOUTH PASADENA FL 33707**

Mailing Address

**1530 S. PASADENA AVENUE
SOUTH PASADENA FL 33707**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2561457

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

**TRIANTAFILOU, SAVAS
3152 W. VINA DEL MAR BLVD.
ST. PETERSBURG BCH. FL 33706**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	TRIANTAFILOU, SAVAS	
STREET ADDRESS	3152 W. VINA DEL MAR BL	
CITY-ST-ZIP	ST. PETERSBURG BCH., F	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAKTIKOS, HRISTOS	
STREET ADDRESS	261 N. TESSIER DR.	
CITY-ST-ZIP	ST. PETERSBURG BCH., F	
TITLE	T	<input type="checkbox"/> Delete
NAME	TAKTIKOS, EKATERINI	
STREET ADDRESS	261 N. TESSIER DR.	
CITY-ST-ZIP	ST. PETERSBURG BCH., F	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRIANTAFILOU, CHRISTODOU	
STREET ADDRESS	3152 W. VINA DEL MAR	
CITY-ST-ZIP	ST. PETERSBURG BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Christodoulos Triantafilou
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTODOULOS TRIANTAFILOU 4-1-02 727-341-1711

Date

Daytime Phone #

CR2E034 (9/01)