

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90010 008 ***150.00

DOCUMENT # H74077

1. Entity Name
PIZZA HOTLINE, INC. *R*

Principal Place of Business
43145 S. HOWARD AVE. TAMPA FL 33606 *1319 S. HOWARD*

Mailing Address
43145 S. HOWARD AVE. TAMPA FL 33606 *same*



DO NOT WRITE IN THIS SPACE

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 **59-2571330** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

O'NEAL, MARY S.
1009 S. ROME AVE.
TAMPA FL 33606

7. Name and Address of New Registered Agent

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.

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, 2000 Min. 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

TITLE	V	<input type="checkbox"/> Delete
NAME	O'NEAL, PATRICK W.	
STREET ADDRESS	1009 S. ROME AVE. <i>1319 S. Howard Av</i>	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	O'NEAL, MARY S.	
STREET ADDRESS	1009 S. ROME AVE. <i>1319 S. Howard Av</i>	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	O'NEAL, TIMOTHY	
STREET ADDRESS	1009 S. ROME AVE. <i>1319 S. Howard Av</i>	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	O'NEAL MARY MARGARET	
STREET ADDRESS	1009 S ROME AVE	
CITY-ST-ZIP	TAMPA 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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHLEEN O'NEAL SIDSON	
STREET ADDRESS	318 Toledo Way	
CITY-ST-ZIP	St. Petersburg, FL 33704	
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: *MARY S. O'NEAL* **MARY S. O'NEAL, p.w.** *7/1/00 813-251-0222*
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 15/000

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AD069343

Sally O'Neal's Pizza Hotline

1319 South Howard Avenue

Tampa, Fl. 33606

813-251-0220

July 11, 2000

To Whom It May Concern:

I never received my report until this week. The address was wrong.
I have corrected this and enclosed my check accordingly.
I hope this explains the delay.

Thank you.

Yours truly,



Sally O'Neal
President