2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

M90328 DOCUMENT

1. Entity Name

Principal Place of Business

WINDY CITY PIZZA ENTERPRISES, INC.



FILED Apr 24, 2003 8:00 am Secretary of State

11011191

Suita, Api, F., etc.	C/O WILLIAM F. HENRY 12908 N. DALE MABRY TAMPA FL 33618		12908 N. DALE &	C/O WILLIAM F. HENRY 12908 N. DALE MABRY TAMPA FL 33618			11011191			
City & State Country Country Special C	2. Principal Place of Business		3. Mailing Addres	3. Mailing Address				ibil didil bibil bibil b		
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Second S	City & Stat	e	City & State	City & State			^{nber} 59-2899986	— — — — — — — — — — — — — — — — — — —		
HENRY, WILLIAM F. 13741 CHESTERSALL DR. TAMPA F. L. 33624 City FL 71p Code City FL 72p Code City FL	Zip	Country Zip		Coun	ntry	5. Certifica	ate of Status Desired	\$8.75 Additional		
HENRY, WILLIAM F. 13741 CHESTERSALL DR. TAMPA FL 33624 City FL Zip Code 8. The above named entity subm its 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. SIGNATUPE Signature, hower or printed name of injustment agent agen	6. Name and Address of Current Registered Agent					7. Name a	nd Address of New Register	ed Agent		
Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33624 City FL Zip Code Congain Financing Conficient Spanning Conficient Spanning Conficient Spanning City FL Zip Code Conficient Spanning Conficient Spa					1					
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. SIGNATUPE Signature, hyeel or printed name of registered agent and tile if spokestle. (MOTE Registered Agent styreture required when familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing										
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SigNaTUPE Signature, horsels of princip name of impacesed agent are site if applicable. (NOTE Registered Agent alignature required when revisable) PARTY Signature, horsels of princip name of impacesed agent are site if applicable. (NOTE Registered Agent alignature required when revisable) PARTY Trust Fund Contribution. Street Added to Fees Madded to Fees Addition of Party of Pa	TAMPA FI	L 33624			,					
SIGNATURE Signature spend or critical argent and stall it approximate (MOTE Registered Againt algorituse required when reinstating) File NOW!! FEE IS \$150.00					City	· · · -		Zip Code	9	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE MANAE STREET ADDRESS CITY-ST-2P TITLE MANE STREET ADDRESS C	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.									
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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 10 or Block 11 if changed, or on an attachment with an address with all other like smoothers. changed, or on an attachment

SIGNATURE: