

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90028 008 \*\*\*158.75

DOCUMENT # P00000043062

1. Entity Name

THE KING PIZZA & SUBS, INC.

Principal Place of Business

1219 KINGSWAY ROAD  
 BRANDON FL 33510

Mailing Address

1219 KINGSWAY ROAD  
 BRANDON FL 33510

2. Principal Place of Business

1219 Kingsway Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon FL

City & State

4. FEI Number

65-100-1059

Applied For

Not Applicable

Zip

33511

Country

Hillsborough

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

GUVELOGLU, NEJLA  
 1230 ALPINE LAKE DR  
 BRANDON FL 33511

Name

Guveloglu Nejla

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

1230 Alpine Lake Dr

City

Brandon

FL

Zip Code

33511

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

Nejla Guveloglu

Nejla Guveloglu

02-15-01

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, 2001 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	D GUVELOGLU, HARUN R 1230 ALPINE LAKE DR BRANDON FL 33511	<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
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)(l), 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:

Harun Guveloglu 2-15-01 813 205 3755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)