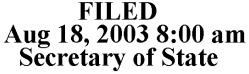
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR **DOCUMENT #**

1. Entity Name

P00000058425





08-18-2003 90170 003 ***550.00

WESTSHORE PIZZA XI, INC.					
Principal Place of Business 3719 EAST BUSCH BOULEVARD TAMPA FL 33612		Mailing Address 13720 N. NEBRASKA AVENUE TAMPA FL 33613			
2. Principal Place of Business		3. Mailing Address		1 40 140 40 11 40 11 40 11 40 11	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF N	MAKING CHANGES
City & State		City & State		4. FEI Number 59-3652312	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable
	6. Name and Address of Current R	legistered Agent		7. Name and Address of New Regi	Fee Required
			Name		
Spiegel & Utrera, p.a. 343 Almeria avenue		Street Address		P.O. Box Number is Not Acceptable)	
CORAL G	ABLES FL 33134				
. J.,			City	·	FL Zip Code
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or regi	stered agent, or both, in the State of Florida	a. I am familiar with, and accept
SIGNATURE .	Signature, typed of printed name of registered agent an	d title if applicable. (NOTi	E: Registered Agent signature reg	uired when reinstating)	DATE
	ILE NOW!!! FEE IS \$550.00				
After Ser	otember 10, 2003 Fee will be \$750.0 Payable to:Florida Department of			9. Election Campaign Finance Trust Fund Contribution.	ing \$5.00 May Be Added to Fees
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 11
TITLE NAME	PSTO PHILLIPS, DAHL	☐ Delete	TITLE NAME		Change Addition Change Addition
STREET ADDRESS CITY-ST-ZIP	3719 EAST BUSCH BOULEVARD TAMPA FL 33612		STREET ADDRESS CITY-ST-ZIP		2E034
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition 등
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP	<u>`~</u>		CITY-ST-ZIP	<u> </u>	
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	- 		CITY-ST-ZIP		
TITLE NAME		. Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	·	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	•	Change Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	·		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	,	Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby of indicated of the corr	ertify that the information supplied with the on this report or supplemental report is to poration or the receiver of trustee empressions.	els filing does not qualify for rue and accurate and that makered to execute this report :	the exemption stated in ny signature shall have the as required by Chapter I	Section 119.07(3)(i), Florida Statutes, I further same legal effect as if made under oath;	her certify that the information that I am an officer or director

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: