

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**  
 03-06-2002 90009 022 \*\*\*150.00

**DOCUMENT # P01000026042**

**1. Entity Name**  
**PEPPERONI'S PIZZA, INC.**

**Principal Place of Business**

**-951-SW-4TH-AVE**  
**-BOCA-RATON-FL-33432-5803**

**Mailing Address**

**-951-6W-4TH-AVE**  
**-BOCA-RATON-FL-33432-5803**

**2. Principal Place of Business**

**1660 S CONGRESS AVE**

**3. Mailing Address**

**4956 LE CHALET BLVD**

Suite, Apt. #, etc.

**SUITE 7**

Suite, Apt. #, etc.

**SUITE 15**

City & State

**BOYNTON BEACH, FL**

City & State

**BOYNTON BEACH, FL**

Zip

**33426-6585**

Country

Zip

**33426**

Country

**4. FEI Number**

**65-1112593**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BLAKESBERG, WILLIAM J**  
**951 SW 4TH AVE**  
**BOCA RATON FL 33432-5803**

**7. Name and Address of New Registered Agent**

Name

**LAWRENCE PRECIPUO**

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

**4956 LE CHALET BLVD**

**SUITE 15**

City

**BOYNTON BEACH**

**FL**

Zip Code

**33436**

**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

*Lawrence Precipuo*  
 Signature of New Registered Agent (NOTE: Registered Agent signature required when reinstating)

DATE

*2/18/02*

**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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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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 checked="" type="checkbox"/> Addition
NAME	<b>P</b>
STREET ADDRESS	<b>LAWRENCE PRECIPUO</b>
CITY-ST-ZIP	<b>4956 LE CHALET BLVD</b>
	<b>BOYNTON BEACH, FL 33436</b>
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:**

*Lawrence Precipuo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

Date

*2/18/02* (561) 736-1709

Daytime Phone #

CR2E034 (9/01)