FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Feb 18, 2003 8:00 am
Secretary of State

01-30-2003 90118 041 ***150.00

DOCUMENT # P01000026042

1. Entity Name

PEPPERONI'S PIZZA, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

2. Principal Place of Business
1660 S CONGRESS AVE
Suite, Apt. #, etc.
SUITE 7
City & State
BOYNTON BEACH FL
Zip 33426-6585 Country

3. Mailing Address
C/O BLAKESBERG & CO CPA'S
951 SW 4TH AVE
Suite, Apt. #, etc.
City & State
BOCA RATON FL
Zip 33432-5803 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1112593 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: WILLIAM J. BLAKESBERG
Street Address (P.O. Box Number is Not Acceptable): 951 SW 4TH AVE
City: BOCA RATON FL Zip Code 33432

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.

SIGNATURE: William J Blakesberg — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 1/28/03

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
P LAWRENCE PRECIPUO 4956 LE CHALET BLVD BOYNTON BEACH, FL 33436	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: President — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1-27-03 — Daytime Phone #: 750-8300