

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91452 030 ***150.00

DOCUMENT # P01000036525
1. Entity Name
Westshore Pizza XIV, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1969 Drew St</u> Suite, Apt. #, etc. <u>Suite B</u> City & State <u>Clearwater, FL</u> Zip <u>33765</u> Country <u>Pinellas</u>		3. Mailing Address <u>1969 Drew St</u> Suite, Apt. #, etc. <u>Suite B</u> City & State <u>Clearwater, FL</u> Zip <u>33765</u> Country <u>Pinellas</u>	
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name		
Street Address (P.O. Box Number is Not Acceptable)			
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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

<small>Amount Due to Secretary of State Filing Fee: \$150.00 Certificate Fee: \$15.00 Total: \$165.00 Mail: Please Remit to: Secretary of State</small>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	<u>PTD</u>	STREET ADDRESS	<u>Richard D. Otero</u>
CITY - ST - ZIP	<u>8711 34th Street N</u>	CITY - ST - ZIP	<u>Tampa, FL 33604</u>
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Richard D. Otero **5-1-03** **813-624-7029**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/02)