

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91783 006 \*\*\*150.00

0467422  
AV

**DOCUMENT # P01000062192**

**1. Entity Name**  
**WESTSHORE PIZZA XVI, INC.**



**Principal Place of Business**  
**5327 VILLAGE MARKET PLAZE**  
**ZEPHYRHILLS FL 33544**

**Mailing Address**  
**4417 CASEY LAKES BLVD**  
**TAMPA FL 33624**



**2. Principal Place of Business**

**3. Mailing Address**

**5327 Village Market P.O. Box 7662**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

**City & State**

**City & State**

**Wesley Chapel, FL**

**Wesley Chapel, FL**

**Zip**

**Country**

**Zip**

**Country**

**33543 Pasco**

**33543 Pasco**

**4. FEI Number** **59-3726521**

**Applied For**

**Not Applicable**

**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**

**LINARES, ERIC R**  
**4417 CASEY LAKES BLVD**  
**TAMPA FL 33624**

**Name**

**Linares, Eric R**

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

**18002 Richmond Place Dr**

**#1025**

**City**  
**Tampa**

**FL**

**Zip Code**

**33647**

**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**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **LINARES, ERIC R**  
**STREET ADDRESS** **4417 CASEY LAKES BLVD**  
**CITY-ST-ZIP** **TAMPA FL 33624**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **Linares, Eric R**  
**STREET ADDRESS** **18002 Richmond Place Dr #1025**  
**CITY-ST-ZIP** **Tampa, FL 33647**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

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

**Date**

**Daytime Phone #**

**4-30/03 813-781-0291**

CR2E034 (10/02)