

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90056 007 ***150.00

00173268 AV

DOCUMENT # P01000078737

1. Entity Name
 PEPINO'S PIZZERIA & DELI, INC.

Principal Place of Business **Mailing Address**
 515 N. DIXIE FREEWAY 515 N. DIXIE FREEWAY
 NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168



2. Principal Place of Business **3. Mailing Address**
 515 N DIXIE ~~515 N DIXIE~~ 515 N DIXIE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 NSB FL NSB FL

Zip **Country** **Zip** **Country**
 32168 Volusia 32168 Volusia

4. FEI Number **Applied For**
 752985937 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 GIANGRASSO, JOSEPH J
 515 N. DIXIE FREEWAY
 NEW SMYRNA BEACH FL 32168

7. Name and Address of New 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.

SIGNATURE: DATE:

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GIANGRASSO, JOSEPH J	207 CRAWFORD RD.	NEW SMYRNA BEACH FL 32169	<input type="checkbox"/>
STD	GIANGRASSO, LAURIE A	207 CRAWFORD RD.	NEW SMYRNA BEACH FL 32169	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Joseph J Giangrosso** **4/29/02 3864098884**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)