FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91326 045 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000107943

1. Entity Name
FIVE STAR PIZZA PALACE & CAFE, INC

DO NOT WRITE IN THIS SPACE

668105

2. Principal Place of Business
31150 Cortez Blvd
Suite, Apt. #, etc.

3. Mailing Address
31150 Cortez Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Brooksville FL
Zip: 34602 Country: US

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Zip: 34602 Country: US

4. FEI Number: 52-2359799 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: STUART SOSNA
Street Address (P.O. Box Number is Not Acceptable): 31150 CORTEZ BLVD
City: BROOKSVILLE FL Zip Code: 34602

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 N/A
Signature (type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See reverse on back) ☑

Make Checks Payable to Secretary of State

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

11. OFFICERS AND DIRECTORS

TITLE D NAME STUART SOSNA STREET ADDRESS 31150 Cortez Blvd CITY-ST-ZIP Brooksville FL 34602	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E054B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE X STUART SOSNA 352-799-3787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

** TOTAL PAGE.02 **