

2006 FOR PROFIT CORPORATION

DOCUMENT # P02000037237

1. Entity Name
MATOLI'S PIZZERIA, INC.



Principal Place of Business
3211 SHOAL LINE BOULEVARD
HERNANDO BEACH, FL 34607

Mailing Address
3211 SHOAL LINE BOULEVARD
HERNANDO BEACH, FL 34607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
01-0669763

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
TURPIN, PAULA
3211 SHOAL LINE BOULEVARD
HERNANDO BEACH, FL 34607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary - Treasurer
MATT TURPIN
3211 Shoal Line Blvd
Hernando Beach, FL 34607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary - Treasurer
TURPIN MATT
3211 Shoal Line Blvd
Hernando Beach, FL 34607
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900081397029
10/31/06--01078--003 **150.00
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Paula Turpin PAULA TURPIN

4.29.06

32-346-6791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paula Turpin

10-6-06

Signature sent

Dept Div. of Corp.

10/6/06

2/2

Please a waiver of fees.
Please note per your phone
attendant I'm resending
our app. Annual return. A copy
of my copy I sent April 29, 2006
with a new check. You never
received my first check a Form
Please could you make no penalty.
I do not know why you never
received the original But here
is a copy and a check I called as
soon as I received the card on
Oct 5th 2006 I check our bank and
called back today. Since the last
2 years business is a little better this
year since all our Hispanics but
Florida is certainly hunting for
fresh new business customers. Please
allow a waiver of any penalties
Thank you for your time

Paula Turpin

Matolis PO 2000037237

3211 Shoolens Blvd
Hemond Beach FL 34617