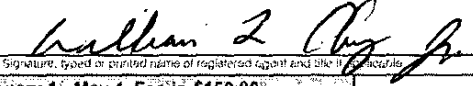


FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90547 009 ***150.00

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

DOCUMENT # P02000071909			
1. Entity Name WESTSHORE PIZZA XXIV, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1279 KINGSWAY ROAD Suite, Apt. #, etc.		3. Mailing Address 1279 KINGSWAY ROAD Suite, Apt. #, etc.	
City & State BRANDON, FL		City & State BRANDON, FL	
Zip 33510	Country HILLSBOROUGH	Zip 33510	Country U.S.A.
4. FEI Number 04-3694619		Applied For. ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name WILLIAM L. CHERRY, JR.			
Street Address (P.O. Box Number is Not Acceptable) 1279 KINGSWAY ROAD			
City BRANDON		FL	Zip Code 33510
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 		DATE 1/15/03	
January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D WILLIAM L. CHERRY, JR. 1279 KINGSWAY RD. BRANDON, FL 33510	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES M. DAILEY, V.P., D 1279 KINGSWAY RD BRANDON, FL 33510	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 		DATE 1/15/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034B (12/02)