

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90063 011 \*\*\*150.00

0999196  
FP

**DOCUMENT # P02000098200**

1. Entity Name  
**PIZZA SUPREMA II, INC.**



Principal Place of Business  
~~SUITE 102 NORTHWOOD SHOPPING CENTER~~  
**BRUCE B. DOWNS BLVD. & GAOLIER PKWY.**  
**WESLEY CHAPEL FL 33549**

Mailing Address  
~~SUITE 102 NORTHWOOD SHOPPING CENTER~~  
**BRUCE B. DOWNS BLVD. & GAOLIER PKWY.**  
**WESLEY CHAPEL FL 33549**



2. Principal Place of Business  
**1211 BRUCE B. DOWNS BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
**1211 BRUCE B. DOWNS BLVD**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**WESLEY CHAPEL, FL**  
Zip  
**33543**  
Country  
**PASCO**

City & State  
**WESLEY CHAPEL, FL**  
Zip  
**33543**  
Country  
**PASCO**

4. FEI Number  
**56-2290535**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**MARCHICA, JOE**  
**5406 SWALLOW DRIVE**  
**LAND O' LAKES FL 33649**

7. Name and Address of New Registered Agent  
Name  
**WILFRED LOPEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**1211 BRUCE B. DOWNS BLVD**  
City  
**WESLEY CHAPEL** **FL** Zip Code  
**33543**

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 *Wilfred Lopez* - **PRESIDENT**

**3-25-03**

Signature, typed or printed name of registered agent and fee (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LOPEZ, WILFRED</b> <b>28335 OPENFIELD LOOP</b> <b>WESLEY CHAPEL FL 33549</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>MARCHICA, JOSEPH</b> <b>5406 SWALLOW DRIVE</b> <b>LAND O' LAKES FL 33639</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE: *Wilfred Lopez* - **PRESIDENT**

**3-25-03**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)