

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90417 021 ***150.00

DOCUMENT # P96000013100

1. Entity Name
FOREST HILL PIZZA, INC.

Principal Place of Business
6338 FOREST HILL BLVD.
W. PALM BEACH FL 33415

Mailing Address
6338 FOREST HILL BLVD.
W. PALM BEACH FL 33415



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0645455**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHEAR, ROBERT L
2600 MCCORMICK DRIVE
SUITE 230
CLEARWATER FL 34619

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
 NAME **WILLIAMS, THOMAS**
 STREET ADDRESS **8720 COCONUT RD.**
 CITY-ST-ZIP **W. PALM BEACH FL 33413**

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

TITLE **VD** ☐ Delete
 NAME **DIXON, DONALD**
 STREET ADDRESS **4925 PRESION WAY**
 CITY-ST-ZIP **SARASOTA FL 34323**

TITLE **STD** ☒ Change ☐ Addition
 NAME **Dixon, Donald**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **GREEN, KEVIN**
 STREET ADDRESS **535 JOHNS PASS AVE**
 CITY-ST-ZIP **MODEIRO BEACH FL 33708**

TITLE **U-P-D** ☒ Change ☐ Addition
 NAME **Green, Kevin**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HEGEDUS, ROBERT**
 STREET ADDRESS **1965-E S. TAMAMI TRAIL**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **Pros D** ☒ Change ☐ Addition
 NAME **Hegedus, Robert**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-02 727.397.2288

Date Daytime Phone #

CR2E034 (9/01)