

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90030 002 ***150.00

DOCUMENT # P96000084370

1. Entity Name
SAL'S POPPA PIZZA, INC.



Principal Place of Business
**417 EAST BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 33435 US**

Mailing Address
**1914 PALMLAND DR.
#C
BOYNTON BEACH, FL 33436**

04011000



01222004 Chg-P CR2E034 (10/03)

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
65-0702660

Applied For
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

**SCALZO, PHYLLIS
1914-C PALMLAND DRIVE
BOYNTON BEACH, FL 33436**

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, 2004 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 ☐ Delete
NAME **PS**
STREET ADDRESS **SCALZO, PHYLLIS**
CITY-ST-ZIP **1914-C PALMLAND DRIVE
BOYNTON BEACH, FL 33436**

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

TITLE ☐ Delete
NAME **VT**
STREET ADDRESS **SANATORE, SCALZO**
CITY-ST-ZIP **1914-C PALMLAND DRIVE
BOYNTON BEACH, FL 33436**

TITLE ☒ Change ☐ Addition
NAME **VT**
STREET ADDRESS **SCALZO, SALVATORE**
CITY-ST-ZIP **1914-C PALMLAND DRIVE
BOYNTON BEACH, FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sel Scalzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

VP/MGR.

2/4/04
Date

(561) 733-8446
Daytime Phone #

Sel Scalzo