

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90005 006 ***150.00

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1. Entity Name
PIZZERIA UNO OF ALTAMONTE SPRINGS, INC.



Principal Place of Business
100 CHARLES PARK ROAD
WEST ROXBURY, MA 02132

Mailing Address
100 CHARLES PARK ROAD
WEST ROXBURY, MA 02132

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
58-2326712

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

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

TITLE	D
NAME	SPENCER, AARON D
STREET ADDRESS	100 CHARLES PARK RD
CITY-ST-ZIP	WEST ROXBURY, MA 02132
TITLE	VS
NAME	HERZ II, GEORGE W
STREET ADDRESS	100 CHARLES PARK RD
CITY-ST-ZIP	WEST ROXBURY, MA 02132
TITLE	DVT
NAME	VINCENT, ROBERT M
STREET ADDRESS	100 CHARLES PARK RD
CITY-ST-ZIP	WEST ROXBURY, MA 02132
TITLE	DP
NAME	MACPHAIL, PAUL W
STREET ADDRESS	100 CHARLES PARK RD
CITY-ST-ZIP	WEST ROXBURY, MA 02132
TITLE	AS
NAME	BINDER, RICHARD A
STREET ADDRESS	100 CHARLES PARK RD
CITY-ST-ZIP	WEST ROXBURY, MA 02132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Binder, Asst. Secretary 01/12/04 617-323-9200

Date

Daytime Phone #