

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 22, 1999 8:00 am
Secretary of State

06-22-1999 90005 049 ***150.00

DOCUMENT # **P98000077984**

1. Corporation Name

PICCADILLY SQUARE RESTAURANT, CO;

Principal Place of Business

Mailing Address

RESTAURANT
8221 GLADES ROAD
BOCA RATON - FL. 33434

8221-6 GLADES ROAD
BOCA RATON, FL. 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/28/98

2. Principal Place of Business

2a. Mailing Address

8221 GLADES ROAD

8221 GLADES ROAD

4. FEI Number

Applied For

65-0862601

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5-6

5-6

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

BOCA RATON - FL

BOCA RATON FL

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

33434 **USA.**

33434 **USA**

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEVERTON HEIDERICK
8740 NW 40th #101
CORAL SPRINGS, FL. 33065

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

W. Heiderick

WEVERTON HEIDERICK / PRESIDENT

06/15/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT** ☐ DELETE
NAME **WEVERTON HEIDERICK**
STREET ADDRESS **8740 NW 40th #101**
CITY-ST-ZIP **CORAL SPRINGS, FL. 33065**

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

W. Heiderick

WEVERTON HEIDERICK / PRESIDENT

06/15/99

Date

Daytime Phone #

(561) 483 5955

CR2E034 (11/98)