

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90082 023 ***150.00

DOCUMENT # S36130

1. Entity Name

TOWER PIZZA RESTAURANT, INC.

Principal Place of Business

Mailing Address

~~8533 N.W. 2ND MANOR~~
~~CORAL SPRINGS FL 33071~~

8533 N.W. 2ND MANOR
 CORAL SPRINGS FL 33071-7409

2. Principal Place of Business

2060 S. University Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

4. FEI Number

65-0250207

Applied For

Not Applicable

Zip

Country

33324

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

DILULLO, CELESTINO
8533 N.W. 2ND MANOR
CORAL SPRINGS FL 33071

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, 2000 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 **D_**
 NAME **DILULLO, CELESTINO**
 STREET ADDRESS **8533 N.W. 2ND MANOR**
 CITY-ST-ZIP **CORAL SPRINGS FL**

☒ Delete

TITLE **D, P** ☒ Change ☐ Addition
 NAME **Anthony DiLullo**
 STREET ADDRESS **c/o 2060 S. University Drive**
 CITY-ST-ZIP **Davie, FL 33324**

TITLE
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 CITY-ST-ZIP

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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:

Anthony DiLullo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)