

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN 27 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000045086

1. Entity Name
Southern Pizza Systems, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. #7
4500 N. ORACLE ROAD

Suite, Apt. #, etc.
2601 Hollywood Blvd.

City & State
TUCSON, AZ

City & State
Hollywood, FL.

Zip
85705

Country
USA

Zip
33020

Country
USA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE *02-03*

4. FEI Number
65-0427187

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Bruce J. Smolen*

Street Address (P.O. Box Number is Not Acceptable)
2611 Hollywood Blvd

City *Hollywood*

FL

Zip Code
33020

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE
6/25/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*President
Barney N. Kleinkle
2601 Hollywood Blvd.
Hollywood, FL. 33020*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*900020825289
06/13/03--01057--011 **150.00*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*900020825289
06/13/03--01057--010 **750.00*

**DO NOT WRITE
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 on an attachment with an address, with or without other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *4/2/03*
DAYTIME PHONE #: *954-926-0481*

CR2E034B (12/02)