

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90021 021 ***150.00

003/93 A1

DOCUMENT # P96000045714

1. Entity Name
HAMPTON PIZZA ETC., INC.

Principal Place of Business 117 OCEAN BLVD. HAMPTON BEACH NH 03842	Mailing Address 117 OCEAN BLVD. HAMPTON BEACH NH 03842
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2. Principal Place of Business	3. Mailing Address P.O BOX 1854
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HAMPTON NH	4. FEI Number 58-2241560	Applied For <input type="checkbox"/> Not Applicable
Zip 03843-1854	Country U.S.A	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATE ACCESS, INC.
 1116-D THOMASVILLE RD.
 TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROYER, JEAN 117 OCEAN BLVD. HAMPTON BEACH NH 03842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAPUANO, ISAAC 117 OCEAN BLVD. HAMPTON BEACH NH 03842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DECHE, HELENE 117 OCEAN BLVD. HAMPTON BEACH NH 03842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPUANO, EVA 117 OCEAN BLVD. HAMPTON BEACH NH 03842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REVEALED ROYER 01/29/02 603-433-5993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)