

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003600

1. Entity Name

LEO'S, DELI, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90111 028 ***150.00

Principal Place of Business

Mailing Address

S. 1ST AVENUE
 CITY FL 32025

951 S. 1ST AVENUE
 LAKE CITY FL 32025-5739

2. Principal Place of Business

3. Mailing Address

Leo's Deli

Rt. 9 Box 780-B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

951 S. First St.

City & State
 Lake City, Florida

City & State
 Lake City, Florida

Zip
 32025

Country
 USA

Zip
 32024

Country
 USA

4. FEI Number

59-3352975

Applied For

Not Applicable

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

WILLEMS, PAMELA
 951 S. 1ST AVENUE
 LAKE CITY FL 32025

Name

Willems, Laura

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

Rt. 9 Box 780-B

City

Lake City

FL

Code

32024

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

Laura Willems

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

(NOTE: Registered Agent signature required when reinstating)

4/19/00

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 DP
 NAME WILLEMS, PAMELA Delete
 STREET ADDRESS 951 S. 1ST AVENUE
 CITY-ST-ZIP LAKE CITY FL 32025

TITLE DP
 NAME Willems, Laura Change Addition
 STREET ADDRESS Rt. 9 Box 780-B
 CITY-ST-ZIP Lake City, FL 32024

TITLE VP
 NAME BLANK, DANETTE Delete
 STREET ADDRESS RT 9 BOX 1254
 CITY-ST-ZIP LAKE CITY FL 32024
same

TITLE VP
 NAME Blank, Danette Change Addition
 STREET ADDRESS RT 9 BOX 1254
 CITY-ST-ZIP Lake City, FL 32024

TITLE T
 NAME PEARSON, JANE Delete
 STREET ADDRESS RT 9 BOX 785-8
 CITY-ST-ZIP LAKE CITY FL 32024

TITLE T
 NAME Gregory, Kellie Change Addition
 STREET ADDRESS Rt. 9 Box 785-46
 CITY-ST-ZIP Lake City, FL 32024

TITLE S
 NAME HART, DILENE M Delete
 STREET ADDRESS RT 9 BOX 785-1
 CITY-ST-ZIP LAKE CITY FL 33024

TITLE S
 NAME Emily, Carrender Change Addition
 STREET ADDRESS Po. Box 781
 CITY-ST-ZIP Lake City, FL 32056

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Laura Willems

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

DATE

904-755-3568

DAYTIME PHONE #

CR2E034 (9/99)