

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 AUG 12 PM 1:48

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 460321

1. Entity Name
LEONARDO'S PIZZA BY THE SLICE, INC.



Principal Place of Business
1245 W. UNIVERSITY AVENUE
GAINESVILLE, FL 32602 US

Mailing Address
1245 W. UNIVERSITY AVENUE
GAINESVILLE, FL 32602 US

05-15-08 96068 001 \$150.00



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1549608

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SOLOMON, SANDY JO
6815 NW 57TH WAY
GAINESVILLE, FL 32606

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOLOMON, STEVE
STREET ADDRESS	5608 NW 99 TERR
CITY-ST-ZIP	GAINESVILLE, FL 0,
TITLE	ST
NAME	SOLOMON, SANDY
STREET ADDRESS	5608 NW 99 TERR
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	VP
NAME	NEWMAN, MARK
STREET ADDRESS	3214 N.W. 51ST PL
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

\$78/12

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other life employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEVEN SOLOMON

7/18/08 352-378-2008