

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K95458

1. Entity Name

NO LONGER THAT LITTLE PIZZA PLACE, INC.

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90019 004 \*\*\*150.00

00/46/9

Principal Place of Business 7818 FERNLEAF DRIVE ORLANDO FL 32836 US	Mailing Address 7818 FERNLEAF DRIVE ORLANDO FL 32836 US
--	--

308847



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2956087	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASEY, ALLAN L.  
395 AVENUE C, NW  
WINTER HAVEN FL 33883

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	CHARLEBOIS, DARLENE	
STREET ADDRESS	7818 FERNLEAF DRIVE	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILES, LINDA PAULINE	
STREET ADDRESS	204 SOUTH HARRIS	
CITY-ST-ZIP	HUNTSVILLE-AR	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHARLEBOIS, DENNIS J.	
STREET ADDRESS	7818 FERNLEAF DRIVE	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Dennis J. Charlebois DENNIS J. CHARLEBOIS 1/17/00 (407) 370-9165  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)