

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90162 037 ***150.00

DOCUMENT # L00000001705

1. Entity Name

JONESVILLE PIZZA, LLC

Principal Place of Business

**14209 W. NEWBERRY RD. STE B
 NEWBERRY FL 32669**

Mailing Address

**2503 HWY 60 EAST
 VALRICO FL 33594**

943613



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1326 E. Lumsden Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon FL

4. FEI Number **59-3622628**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33511 USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NORMAN, CHRISTOPHER H
 315 SOUTH HYDE PARK AVENUE
 TAMPA FL 33606**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **KAZBEUR, TATAL**
 STREET ADDRESS **2503 HWY 60 E**
 CITY-ST-ZIP **VALRICE FL 33594**

TITLE **MGR** ☒ Change ☐ Addition
 NAME **Kazbour Tatal**
 STREET ADDRESS **1326 E. Lumsden Road**
 CITY-ST-ZIP **Brandon FL 33511**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4-8-02 80-6840622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)