## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 25, 2002 8:00 am <sup>§</sup> Secretary of State DOCUMENT # L01000017926 03-25-2002 90182 020 \*\*\*\*50.00 THIRTY NINE PIZZA, LLC Principal Place of Business Mailing Address 1326 E. LUMSDEN ROAD 1326 E. LUMSDEN ROAD 00049487 BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address 204 HWY 60 W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL PLANT CITY 65-1145833 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired **33***5***67** USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NORMAN, CHRISTOPHER H Street Address (P.O. Box Number is Not Acceptable) 315 S. HYDE PARK AVE. **TAMPA FL 33606** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME KAZBOUR, ZIAD NAME STREET ADDRESS STREET ADDRESS 1119 HUNT CLUB LANE CITY-ST-ZIP CITY-ST-7/P VALRICO FL 33594 MGR MGR. TITLE ☐ Delete TITLE Change ☐ Addition KAZBOIR, MONA NAME KAZBOUR, MONA NAME 1114 HUNT CLUB IN STREET ADDRESS STREET ADDRESS 1119 HUNT CLUB LANE CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP VALRICO, FL 33594 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

(83) 684-0622

**FILED**