

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90057 048 ***150.00

DOCUMENT # L03070
Entity Name
PAPPA LOUIE'S, INC.

Principal Place of Business
SKIPPER LANE
PORT ST. LUCIE FL 34983
Mailing Address
440 SKIPPER LANE
PORT ST. LUCIE FL 34983-2226



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business
PAPPA LOUIE'S
Suite, Apt. #, etc.
7123 SUS 1
City & State
Port St Lucie FL
Zip
34983
Country
ST LUCIE
2. Mailing Address
7123 SUS 1
Suite, Apt. #, etc.
City & State
Port St Lucie FL
Zip
34952
Country
ST LUCIE

4. FEI Number 65-0140140
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MANFREDI, LOUIS
440 SKIPPER LANE
PORT ST. LUCIE FL 34983

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 *Louis Manfredi*
Signature, typed or printed name of registered agent and title if applicable. (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)
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

1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANFREDI, SUSAN		NAME		
STREET ADDRESS	440 SKIPPER LANE		STREET ADDRESS		
CITY-ST-ZIP	PT. ST. LUCIE FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANFREDI, SUSAN		NAME		
STREET ADDRESS	440 SKIPPER LANE		STREET ADDRESS		
CITY-ST-ZIP	PT. ST. LUCIE FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANFREDI, LOUIS		NAME		
STREET ADDRESS	440 SKIPPER LANE		STREET ADDRESS		
CITY-ST-ZIP	PT. ST. LUCIE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

3. 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: *Susan Manfredi* 4-10-00 561-340-5431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF 034 (9/99)