

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90138 026 ***150.00

DOCUMENT # M65210

1. Entity Name

LEMAY PIZZA, SUBS AND VIDEO MOVIES, INC.

Principal Place of Business

Mailing Address

4545 PLEASANT HILL ROAD
 KISSIMMEE FL 34759-3400

4545 PLEASANT HILL ROAD
 KISSIMMEE FL 34759-3400

2. Principal Place of Business

3. Mailing Address

2555 Boggys Creek Rd

80 EAST MARBRISA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Kissimmee FL

City & State

Kissimmee FL

4. FEI Number

59-2879990

Applied For

Not Applicable

Zip

34743

Country

Orecoke

Zip

34743

Country

Orecoke

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEMAY, KATHERINE
 103 DORCHESTER CT.
 POINCIANA FL 34758**

Name

LUCIEN LEMAY

Street Address (P.O. Box Number is Not Acceptable)

80 EAST MARBRISA WAY

City

Kissimmee

FL

Zip Code

34743

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

LUCIEN LEMAY

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

L R Lemay

(NOTE: Registered Agent signature required when reinstating)

4/30/2001

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, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
 NAME **LEMAY, LUCIEN R.**
 STREET ADDRESS **103 DORCHESTER CT.**
 CITY-ST-ZIP **POINCIANA FL**

TITLE **PTD** ☒ Change ☐ Addition
 NAME **LUCIEN R. LEMAY**
 STREET ADDRESS **80 EAST MARBRISA WAY**
 CITY-ST-ZIP **Kissimmee FL 34743**

TITLE **VSD** ☒ Delete
 NAME **LEMAY, KATHERINE M.**
 STREET ADDRESS **103 DORCHESTER CT.**
 CITY-ST-ZIP **POINCIANA FL**

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

L R Lemay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001 407-3486561

Date

Daytime Phone #

CR2E034 (10/00)