## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P00000024035 DOCUMENT #

1. Entity Name



## **FILED** Jan 14, 2003 8:00 am Secretary of State

LEO'S P	IZZA ITALIANO, INC.				01-14-200	5 70002 003	130.00	,	
Principal Place of Business 5627 SAN JOSE BLVD JACKSONVILLE FL 32207		Mailing Addres 5627 SAN JOS JACKSONVILLE	E BLVD		118811481 111 8811 8811		51211 5512		
2. Principal	Place of Business	3. Mailing Addr	ess						
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & Sta	ate	City & State			4. FEI Number 59-364	4024	<del></del>	Applied For lot Applicable	
Zip	Country	Zip	Coun	ntry	5. Certificate of Status De	esired	8.75 Ad		
	6. Name and Address of C	urrent Registered Agent			7. Name and Address of				
				Name					
Canaj, Leandro 9439 San Jose Blvd #152				Street Address	t Address (P.O. Box Number is Not Acceptable)				
JACKSON	WILLE FL 32257				<u> </u>			····	
				City		FL	Zip Coc		
8. The above the obliga	e named entity submits this stater tions of registered agent.	ment for the purpose of cha	anging its registere	ed office or registe	ered agent, or both, in the State	e of Florida. I am fan	niliar with,	and accept	
SIGNATURE	Signature, typed or printed name of register	ed agent and title if applicable.	(NOTE: Registere	d Agent signature require	red when reinstating)	DATE		<u></u>	
7	FILE NOW!!! FEE IS \$150.0	<u> </u>			- I	DATE			
Afte	r May 1, 2003 Fee will be \$55 k Payable to Florida Departm	50.00			9. Election Campa Trust Fund Cont			00 May Be d to Fees	
10.		S AND DIRECTORS	11,		ADDITIONS/CHANGES TO	O OFFICERS AND D	RECTOR	S IN 11	
TITLE	PD	□ De	elete TITLE				Change	Addition	
NAME	CANAJ, LEANDRO		NAME	E		_			
STREET ADDRESS CITY-ST-ZIP	9439 SAN JOSE BLVD #15 JACKSONVILLE FL 32257	2 		ET ADDRESS					
TITLE				-ST-ZIP					
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-730-3830