2002 UNIFORM BUSINESS REPORT (UBR)

NORMANDY PIZZA, INC. OS-09-2002 90003 041 ***150.00 OS-09-2003 90003	2002 UNIFORM BUSINESS REPORT (UBR)									FILED May 09, 2002 8:00 am							
Principal Pace of Business Mailing Accidess PA BOX 113 DOCHORS REFT R. 2000 2. Principal Place of Business Suita, Apr. 8, etc. Su	1. Entity Name								May 09, 2002 8:00 am Secretary of State								
PO SOU HS SURVA, P. F. O. SURVA, P. O. SURVA,	HOUMA	ADT FIZZA, IIAC	•							03-09	-2002 9	0003 04.	1 1.	,0.00			
2. Principal Place of Business Suite, Apr. #, etc.	8257 #8 NO	RMANDY BLVD	•														
Sure, Agr. F. etc. Sure, Agr. F. etc. Sure, Ag	THOUSONAID	LE FL 32221		DOCTORS INLET PL 3203	U							15 14 21 14 6 4	61 11 688 111]		
Sule, Apr. #, #UC. Colv & State	2. Principal F	Place of Business			0115	 5									j		
Second S	Suite, Apt.	. #, etc.								DO NO	T WRITE	IN THIS SP	ACE				
SHEAR, ROBERT LESO 2790 SUNSET POINT ROAD CLEARWATER R. 33759 Sincert Address of Current Registered Agent The above named entry submits this statement for the purpose of changing its registered double or registered agent, or both, in the State of Florida. SIGNATURE Superant Lyse is believed the specific of control of the state of registered agent, or both, in the State of Florida. SIGNATURE Superant Lyse is believed the specific of control of the state of registered agent, or both, in the State of Florida. SIGNATURE Superant Lyse is believed the specific of control of registered Agent of the state of Florida. ACTE Registered Agent, or both, in the State of Florida. ACTE Registered Agent, or both, in the State of Florida. ACTE Registered Agent of registered agent, or both, in the State of Florida. SIGNATURE Superant Lyse is believed to specific or control of registered agent, or both, in the State of Florida. ACTE Registered Agent Agents agent are litted assistance. ACTE Registered Agent Address (P.O. Box Number is Not Acceptables) City FEL ZD Code ATTE ADDITIONS/CHANGES TO CARREST AGENTS AND LITECTORS The Book and address of New Registered Agent Acceptables and acceptable of Point Acceptables agent are litted assistance. ACTE Registered Agent Acceptable of registered agent, or both, in the State of Florida. ACTE Address (P.O. Box Number is Not Acceptables) City FEL ZD Code ATTE ADDITIONS/CHANGES TO OFFICE AS AND DIRECTORS The Book and Address of New Registered Agent Acceptable of Registered Agent Accep	City & Sta	te			let,	TL.	ĺ	4. FE	l Number	59-36	66205				ole		
SHEAR, ROBERT L ESQ 2799 SUNSET POINT ROAD CLEARWATER R. 33759 Cry Cry FL Zib Code 8. 17th above neared entity submits this statement for the purpose of changing its registered disjourned agent, or both, in the State of Fonda. SIGNATURE Syname, lipsed or private ranks of registered agent and the Capobasia. PILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS THE PD GERNAN, GERALD GERNAN, GERNAN SMITH, CHRISTOPHER A SMITH, GHRSTOPHER A SMITH, GHRSTO	Zip	Count	Ϋ́Υ	Zip	Count			5 . Ce	rtificate of	Status De	sired	□ \$	8.75 A	dditional ed			
SHEAR, ROBERT LESO 2799 SUNSET POINT ROAD CLEARWATER FL 33759 City FL Zip Code 6. If 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 Survey, from the present agent and too dispose and too dispose agent and too disp		6. Name and Ado	lress of Current Re				,'	7. Na	me and A	ddress of	New Reg	istered Ag	ent		ゴ		
2790 SUNSET POINT ROAD CLEARWATER R. 33759 Cry FL Zip Code 8. If above named onliky submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or privines rame of register agent and till of activation. 9. This corporation is eligible to satisfy its Intangible Task filting requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Aft	SHEAR I	RORFRT L ESO	1	نويد د سيد.	~ ·-	Name		t.=-		· - · · · · · _			:875		-		
6. If 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 Sig	•					Street A	ddress (F	P.O. Box	Number	is Not Acc	eptable)						
8. If above named entity automits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typeot or prised name of registered agent are title it applicable. (InCIE Registered Agent signature received when renystering) DATE	CLEARWA	ATER FL 33759													7		
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