

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90003 041 ***150.00

DOCUMENT # P00000061376

1. Entity Name

NORMANDY PIZZA, INC.

Principal Place of Business

**8257 #8 NORMANDY BLVD
 JACKSONVILLE FL 32221**

Mailing Address

**PO BOX 115
 DOCTORS INLET FL 32030**

2. Principal Place of Business

3. Mailing Address

P.O. Box 30115

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Doctors Inlet, FL.

Zip

Country

Zip

Country

32030

U.S.A

4. FEI Number

59-3666205

Applied For

Not Applicable

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

**SHEAR, ROBERT L ESQ
 2790 SUNSET POINT ROAD
 CLEARWATER FL 33759**

Name

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

City

FL

Zip Code

8. 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, 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, 2002 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 **PD** ☐ Delete
 NAME **GERMAIN, GERALD**
 STREET ADDRESS **1703 PELICAN PLACE**
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

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

TITLE **VD** ☐ Delete
 NAME **SMITH, CHRISTOPHER A**
 STREET ADDRESS **6306 BAYSIDE DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7511 Westshore Drive**
 CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE **VD** ☐ Delete
 NAME **BELMONT, DOUGLAS**
 STREET ADDRESS **6526 MEADOWBROOK LANE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10040 Doe Court**
 CITY-ST-ZIP **Port Richey, FL 34668**

TITLE **DST** ☐ Delete
 NAME **WRUBEL, MICHAEL**
 STREET ADDRESS **10858 RUTHERFORD**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **11045 Knottingby Drive**
 CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Gerald Germain**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02 9042194824
 Date Daytime Phone #

CR2E034 (9/01)