2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)						FILED May 28, 2002 8:00 am Secretary of State		
DOCUMENT # P0100055198 1. Entity Name						Secretary of State 02-19-2002 90096 032 ***150.00	e	
BIG LEAC	GUE PIZZA, INC.							
Principal Place of Business 5171 ORANGE GROVE BLVD N FT MYERS FL 33903		Mailing Address 5171 ORANGE GROVE BI N FT MYERS FL 33903	5171 ORANGE GROVE BLVD					
2. Principal P	face of Business	3. Mailing Address	3. Mailing Address			T SOCKHOOT WIT BOTTO 1100% OCKNY COULD BOAKK BOUND ONKOL OKKOL KAKAK KAKAK 140% 100%		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	e	City & State	City & State			FEI Number 65 1095 Not Applied For Not Applicable	7	
Zip	Country	Zip	Zip Coun		5. Certificate of Status Desired S8.75 Additional Fee Regulized			
	6. Name and Address of Cur	rrent Registered Agent		Name	7.	Name and Address of New Registered Agent	7	
KOZUB, MICHELE L					 (P.O.)	Box Number is Not Acceptable)	-	
5171 ORANGE GROVE BLVD N FT MYERS FL 33903						-		
(4 F) MILL	ENG FE 30900			City		FL Zip Code	_	
8. The above	named entity submits this statem	ent for the purpose of changing its	register	ed office or regis	tered a	agent, or both, in the State of Florida.	1	
SIGNATURE .								
<u> </u>	Signature, typed or printed name of registered			d Agent signature requi	red when i	n reinstating) GATE	-{	
Tax filing (oration is eligible to satisfy its Intar requirement and elects to do so. rla on back)	After May 1, 200 Make Check Payab	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		
11.	OFFICERS	AND DIRECTORS Delete	12. TiTU	E	Al	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	(E)	
NAME STREET ADDRESS CITY-ST-ZIP	KOZUB, MICHELE L 5171 ORANGE GROVE BLV N FT MYERS FL 33903		M	ie Eet address S1-Zip			2E034 (9/01)	
TITLE		☐ Delete	TIL			☐ Change ☐ Addition	18 8	
NAME STREET ADDRESS		-		EET ADORESS				
CITY-ST-ZIP	☐ Delete		TIL	-ST-ZIP E	Change		-	
NAME STREET ADDRESS		•	MAM STRE	E1 ADORESS	حبجت.		-	
CITY-ST-ZIP			-}} -	-S7-ZIP		· Change Addition	-	
TITLE NAME		Delete	NAM	E		· Clarke Channe		
STREET ADDRESS CITY-ST-ZIP			Н -	ET ADORESS -ST-ZIP				
TITLE NAME		☐ Delete	TITLE	ı ı		☐ Change ☐ Addition		
STREET ADORESS	•		STRE	ET ADORESS -ST-ZIP				
TITLE		☐ Deleta	TITLE	E		☐ Change ☐ Addition	1 .	
NAME STREET ADDRESS			а.	ET ADORESS				
City-ST-ZIP	certify that the information supplies	d with this filing does not qualify for	the exe	-sr-ziP mption stated in l	Section	n 119.07(3)(I), Florida Statutes. I further certify that the information	1	
indicated of the cor	l on this report or supplemental reproporation or the receiver or trustee		ny signat as requi			e legal effect as if made under oath; that I am an officer or director orida Statutes; and that my name appears in Block 11 or Block 12 if		