

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

DOCUMENT # **P02000073716**

1. Entity Name
LE BON PAIN BAKERY & RESTAURANT, INC



Principal Place of Business
**1054 S E PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34983**

Mailing Address
**1054 S E PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34983**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip **Country**

4. FEI Number

56-2282050

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PIERRE, RUTH
2649 S E CLARETON TERRACE
PORT ST. LUCIE FL 34952**

7. Name and Address of New Registered Agent

Name **VILLARD X VARNELL PIERRE**

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

**2649 SE CLARETON TERR.
PORT ST LUCIE FL 34952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/23/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **PIERRE, RUTH**
STREET ADDRESS **2649 S E CLARETON TERRACE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **MANAGER** Change Addition
NAME **VILLARD PIERRE**
STREET ADDRESS **VILLARD CLARETON TERR**
CITY-ST-ZIP **2649 SE CLARETON TERR
PORT ST LUCIE FL 34952**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** Change Addition
NAME **VARNELL PIERRE**
STREET ADDRESS **VARNELL CLARETON**
CITY-ST-ZIP **2649 SE CLARETON
PORT ST LUCIE FL 34952**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-19

Daytime Phone #

004117
AV

**FILED
May 02, 2003 8:00 am
Secretary of State**

05-02-2003 90263 036 ***150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)