2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P9600003600** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name LEO'S DELI, INC. 04-25-2000 90111 028 ***150.00 Principal Place of Business Mailing Address S. 1ST AVENUE 951 S. 1ST AVENUE *** CITY FL 32025 LAKE CITY FL 32025-5739 DO NOT WRITE IN THIS SPACE Applied For 59-3352975 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLEMS, PAMELA 951 S. 1ST AVENUE LAKE CITY FL 32025 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 SIGNATURE -- FILE NOW!!! FEE-IS \$150.00-This corporation is pligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE Delete NAME WILLEMS, PAMELA CR2E034 STREET ADDRESS STREET ADDRESS 951 S. 1ST AVENUE CITY-ST-ZIP CITY-ST-7IP LAKE CITY FL 32025 ☐ Change ☐ Addition Pelete **BLANK, DANETTE** NAME STREET ADDRESS STREET ADDRESS RT 9 BOX 1254 CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32024 **X** Addition X Delete PEARSON, JANE NAME NAME STREET ADDRESS STREET ADDRESS RT 9 BOX 785-8 CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32024 Delete TITLE ☐ Change Addition TITLE ic arrender HART, DILENE M NAME NAME STREET ADDRESS STREET ADDRESS 'RT 9 BOX 785-1 CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 33024 ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

904-755-3568

Daytime Phone #