

2001 UNIFORM BUSINESS REPORT (UBR)

2

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-02-2001 90276 039 ***150.00

DOCUMENT # P96000089587

1. Entity Name

BVL PIZZA, INC.

Principal Place of Business

Mailing Address

5945 HWY 17/92
 DAVENPORT FL 33837
 US

3710 NEW TAMPA HWY
 LAKE LAND FL 33801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Valrico FL

Zip

Country

Zip

Country

33594

Hillsborough

4. FEI Number

65-0708044

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

BENNETT, BARRY W
60 SECOND ST, SE
WINTER HAVEN FL 33880

Name: **Christopher Norman Esq.**
 Street Address (P.O. Box Number is Not Acceptable):
Hines Norman & Associates, P.L.
315 South Hyde Park Ave.
 City: **Tampa** FL Zip Code: **33606**

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

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

(NOTE: Registered Agent signature required when reinstating)

1/23/01

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, 2001 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	PS	<input type="checkbox"/> Delete
NAME	ROEHRIG, DAVID T	
STREET ADDRESS	1949 BISHOPS GATE SW	
CITY-ST-ZIP	WINTER HAVEN FL 33830	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	ROEHRIG, BRIAN E	
STREET ADDRESS	703 AVE NE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Talal Kazbar	
STREET ADDRESS	1103 Deer Run Place	
CITY-ST-ZIP	Valrico FL 33594	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Talal Kazbar	
STREET ADDRESS	1103 Deer Run Place	
CITY-ST-ZIP	Valrico FL 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-01

Date

Daytime Phone #

CR20034 (10/00)