2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 07, 2000 8:00 am Secretary of State DOCUMENT # P9800000134 LONNY D'S INC. 06-21-2000 90002 008 \*\*\*150.00 Principal Place of Business Mailing Address 9014 SEMINOLE BLVD. 9014 SEMINOLE BLVD. SEMINOLE FL 33772 **SEMINOLE FL 33772-3146** 2. Principal Place of Business 3. Mailing Address -Suite, Apt. #, etc. - Suite, Apt. #, etc. - \_\_\_\_ DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3496594 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOVELACE, WILLIAM K 🚬 Street Address (P.O. Box Number is Not Acceptable) \_---2310 WEST BAY DR. . . . . LARGO FL . . . City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2009 Fee will be \$550.00 Trust Fund Contribution: (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. (66/6) ☐ Change Addition Delete MLE TITLE NAME DUSHANE, LONNIE C NAME STREET ADDRESS STREET ADDRESS 9014 SEMINOLE BLVD. CITY-ST-7/P CITY-ST-ZIP SEMINOLE FL 33772 ☐ Addition Defete. ☐ Change गिम ह TITLE DUSHANE, LONNIE C NAME NAME 9014 SEMINOLE BLVD. STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP SEMINOLE FL 33772 C/TY - ST - 71P ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-DP CITY-ST-ZIP ... Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z/P TITLE ☐ Change Addition TITLE - · □ Delete the training Region 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. LOUNIO C SIGNATURE: Davidore Phone #

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## LONNY D'S, INC. 9014 SEMINOLE BOULEVARD SEMINOLE, FL 33772

June 29, 2000

Florida Department of State Katherine Harris Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Notice dated June 21, 2000 Lonny D's, Inc./Ref. # P9800000134

Dear Representative,

We have received your notice regarding the additional \$400 balance due, and we are writing you this letter in the hope that you will consider abating this penalty.

In April, we lost our bookkeeping assistant and we were unaware that the report had not been mailed even though the check was prepared. Though it was our understanding that everything was taken care of, we found the envelope sealed and stamped but not sent. As soon as we discovered it, we mailed it to you.

We ask that you would consider granting us this one time reprieve from the penalty. We have a small pizza restaurant, and we are doing our best-to-make ends-meet. We intend to be more careful in the future.

Thank you for your assistance in this matter.

Very truly yours,

Lonny C. DuShane

Owner

Loney C. Dudhue