

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 31, 2000 8:00 am**
Secretary of State

05-31-2000 90047 023 ***150.00

DOCUMENT # P98000005927

1. Entity Name

LITTLE JOHN'S PIZZA, INC.

Principal Place of Business

1112 N 15TH ST
IMMOKALEE FL 34142

Mailing Address

1112 N 15TH ST
IMMOKALEE FL 34143-3332

2. Principal Place of Business

1025 W. Main Street

Suite, Apt. #, etc.

3. Mailing Address

1025 W. Main Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Immokalee, FL

Zip

34142

Country

City & State

Immokalee FL

Zip

34142

Country

4. FEI Number

59-3485999

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SPENCER, JESSE
4121 DILLON LN
IMMOKALEE FL 34143

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SPENCER, JESSE**
STREET ADDRESS **1421 DILLON LN**
CITY-ST-ZIP **IMMOKALEE FL 34143**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Jesse Spencer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR5/19/00
Date941-657-4100
Daytime Phone #

CR2E034 (9/99)

098000005927

661002

**MARTHA'S BOOKKEEPING &
INCOME TAX SERVICE**
508 Washington Avenue
Immokalee, FL. 34142

Martha D. Williams

(941) 657-3710

REASONABLE CAUSE FOR THE LATE FILING OF THE REPORT ATTACHED.

The attached report was late because of illness-meningitis.

~~I had to close my office for about a month.~~ From April 19
to May 11 very little or no work ~~work~~ was completed or
mailed.

Sorry for the inconvenience this has caused but it was
beyond my control. Hopefully the late fee will be abated.

Sincerely, THANK YOU,

Martha D. Williams