

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059311

1. Entity Name
LENOCE'S NEIGHBORHOOD RESTAURANT, INC.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90724 033 ***150.00

0468677 AV

Principal Place of Business 12604 CORRAL RD. TAMPA FL 33626 13949 W. HILLSBOROUGH Tampa FL 33635		Mailing Address 12604 CORRAL RD. TAMPA FL 33626 13949 W. HILLSBOROUGH Tampa FL 33635	
2. Principal Place of Business 13949 W. HILLSBOROUGH Suite, Apt. #, etc.		3. Mailing Address 13949 W. HILLSBOROUGH Suite, Apt. #, etc.	
City & State TAMPA FL		City & State TAMPA FL 33635	
Zip 33635	Country HILLSBOROUGH	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent LENOCE, LEE 12604 CORRAL RD. TAMPA FL 33626 16008 Royal Poinciana Pl. Oreessa, FL 33556		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Lee Lenocce</u> (NOTE: Registered agent signature required when reinstating) DATE <u>4/28/3</u>			

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LENOCE, LEE 12604 CORRAL ROAD TAMPA FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lenore Lee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16008 Royal Poinciana Pl. Oreessa, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LENOCE, NANCY 12604 CORRAL RD TAMPA FL 33626 <input checked="" type="checkbox"/> Delete no longer works here	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lee Lenocce DATE 4/28/3 DAYTIME PHONE # 813 792-2751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)