

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90061 001 \*1,117.50

20696



DO NOT WRITE IN THIS SPACE

DOCUMENT # 531804  
 1. Entity Name  
Fort Pizza, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business  
10 Compass Road  
 Suite, Apt. #, etc.  
 City & State  
Fort Lauderdale FL  
 Zip  
33308 Country

3. Mailing Address  
10 Compass Road  
 Suite, Apt. #, etc.  
 City & State  
Fort Lauderdale FL  
 Zip  
33308 Country

4. FEI Number  
65-0248249  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LYONNAIS, DANIEL  
4900 W LEITNER DR  
CORAL SPRING FL 33065

7. Name and Address of New Registered Agent  
 Name  
Same - new address  
 Street Address (P.O. Box Number is Not Acceptable)  
10 Compass Road  
 City  
Fort Lauderdale FL Zip Code  
33308

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]  
 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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE	PT	<input type="checkbox"/> Delete
NAME	<u>LYONNAIS, DANIEL</u>	
STREET ADDRESS	<u>4900 W LEITNER</u>	
CITY-ST-ZIP	<u>CORAL SPRINGS FL</u> <u>NEW address</u>	
TITLE	VS	<input type="checkbox"/> Delete
NAME	<u>LYONNAIS, DEBRA ANN</u>	
STREET ADDRESS	<u>4900 W LEITNER</u>	
CITY-ST-ZIP	<u>CORAL SPRINGS FL</u> <u>new address</u>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>10 compass Road</u>	
STREET ADDRESS	<u>Fort Lauderdale FL</u>	
CITY-ST-ZIP	<u>33308</u>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>10 compass Road</u>	
STREET ADDRESS	<u>Fort Lauderdale FL</u>	
CITY-ST-ZIP	<u>33308</u>	
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]

CR2E034 (9/99)