2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

S32475

1. Entity Name



FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90401 011 ***150.00

HUMBLE	PIE, INC.				7		
Principal Place of Business 9530 CORALEE AVENUE ESTERO FL 33928			iling Address 30 CORALEE AVENUE STERO FL 33928				
		•					
2. Principal F	Place of Business	3. N	Mailing Address			()	UILII (88)
Suite, Apt.	#, etc.	S	Suite, Apt. #, etc.		CHECK HERE IF MAKING	CHANGES	
City & Stat	e	C	ity & State		4. FEI Number 65-0220082		ied For Applicable
Zip	Country	Z	ip	Country	5 Certificate of Status Desired	\$8.75 Addition	
	6. Name and Addres	s of Current Registe	ered Agent		7. Name and Address of New Registered		
				Name		<u> </u>	
LAWRENCE, DANIEL				Street Address	(P.O. Box Number is Not Acceptable)		
	RALEE AVENUE		encer i ve est in en		Secretary of the secret		
ESTERO I	FL 33920					1	
				City	FL	Zip Code	_
	named entity submits this tions of registered agent.	s statement for the pu	urpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida. I am f	amiliar with, an	d accept
SIGNATURE		256					
SIGNATURE:	Signature, typed or printed name of	f registered agent and title if	applicable. (NOTE: R	Registered Agent signature require	ed when reinstating) DATE		
	ILE NOW!!! FEE IS				9. Election Campaign Financing	\$5.00	May Re
After Make Chock	r May 1, 2003 Fee will c Payable to Florida De	be \$550.00 partment of State			Trust Fund Contribution.	Added to	
10.	OF	FICERS AND DIREC	TORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	V 11
TITLE	D		☐ Delete	TITLE		☐ Change	Addition
NAME STREET ADDRESS	LAWRENCE, DANIEL 9530 CORALEE AVE			NAME STREET ADDRESS			ľ
CITY-ST-ZIP	ESTERO FL	A STATE OF THE STA		CITY-ST-ZIP			İ
TITLE	D	* ************************************	□ Delete	TITLE			
NAME STREET ADDRESS	LAWRENCE, DANIEL	7" IX		III CL		☐ Change [☐ Addition
				NAME		☐ Change	Addition
CITY-ST-ZIP	9530 CORALEE AVE. ESTERO FL				;	Change	Addition
CITY-ST-ZIP	ESTERO FL	- 1	☐ Delete	NAME Street address	÷		Addition Addition
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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:

SIGNATURE RECLURED SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

239-947-0612 Daytime Phone #