

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S64779**

1. Entity Name

LENNY & VINNY'S PIZZERIA, INC.**FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90096 041 ***150.00

0354728

Principal Place of Business

533 SO. HOWARD AVENUE
SUITE 3
TAMPA FL 33606
US

Mailing Address

8405 BENJAMIN RD
SUITE J
TAMPA FL 33634
US

2. Principal Place of Business

3. Mailing Address

3102 WEST WATERS AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 201

City & State

City & State

TAMPA FL

Zip

Country

Zip
33614

Country

4. FEI Number **59-3076455**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANEY, R REID
101 E KENNEDY BLVD, STE 4100
TAMPA FL 33602**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
SAMSON, PAUL
8405 BENJAMIN RD J
TAMPA FL 33634** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
SAMSON, PAUL L.
3102 WEST WATERS AVENUE, SUITE 201
TAMPA FL 33614** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MARANO, BRUCE
8405 BENJAMIN RD. STE J
TAMPA FL 33634** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: **PAUL L. SAMSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-990-8097

Daytime Phone #

CR2E034 (10/00)