

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90041 039 ***150.00

DOCUMENT # J69201

1. Entity Name

TAKI'S PIZZA NO. 1 OF LEESBURG, INC.

Principal Place of Business

Mailing Address

% GARIFALIA TSOLAKIS
1324 NORTH BLVD
LEESBURG FL 34748

% GARIFALIA TSOLAKIS
1324 NORTH BLVD
LEESBURG FL 34748

00015712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2938434

Applied
 Not Applied

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

TSOLAKIS, GARIFALIA
1324 NORTH BLVD.
LEESBURG FL 32748

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 State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	TSOLAKIS, GARIFALIA	NAME	
STREET ADDRESS	1324 NORTH BLVD.	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	TSOLAKIS, DEMETRIOS	NAME	
STREET ADDRESS	1324 NORTH BLVD.	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	TSOLAKIS, STEVE	NAME	
STREET ADDRESS	1324 NORTH BLVD	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00 352-707-239
Date Daytime Phone #