

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 644600

1. Entity Name

WHOSCOOKING, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90015 008 \*\*\*150.00

Principal Place of Business

514 LOWER 8TH AVE.  
S. JACKSONVILLE BEACH FL 32250  
US

Mailing Address

514 LOWER 8TH AVE.  
S. JACKSONVILLE BEACH FL 32250-5256  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1954672

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

ULRICH, PATRICIA J.  
514 LOWER 8TH AVE., S.  
JACKSONVILLE BCH. FL 32250

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 ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	S	ULRICH, PATRICIA JONES	514 LOWER 8TH AVENUE SOUTH JACKSONVILLE BCH FL				
	T	ULRICH, GEOFFREY H	514 LOWER 8TH AVENUE SOUTH JACKSONVILLE BCH FL				
	P	SHAILER, HAROLD R	P.O. BOX 50664 JACKSONVILLE BEACH FL 32240				
	V	WHITE, SHARON K	P.O. BOX 50664 JACKSONVILLE BEACH FL 32240				

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:

*Patricia Jones Urich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-00

Daytime Phone #

904-703-5213

CR2E034 (9/99)