

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J18153

1. Entity Name

YUMMY BOXES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90163 031 ***150.00

Principal Place of Business

Mailing Address

5901 HOLLYWOOD BLVD
 SARASOTA FL 34231
 US

% NEVIN A. WEINER
 46 NORTH WASHINGTON BOULEVARD SUITE ONE
 SARASOTA FL 34236-5932

2. Principal Place of Business

3. Mailing Address

2231 OAK TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State

4. FEI Number **59-2687093**

Applied For
 Not Applicable

Zip
34231-4423

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINER, NEVIN A.
46 NORTH WASHINGTON BOULEVARD
SUITE ONE
SARASOTA FL 34236

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	FISHER-MATHEWS, STEPHANIE	
STREET ADDRESS	5340 MATTHEW CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FISHER, FLORENCE	
STREET ADDRESS	1761 SANDALWOOD DRIVE	
CITY-ST-ZIP	SARASOTA FL	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2231 OAK TERRACE	
STREET ADDRESS	SARASOTA FL 34231-4423	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	zip-34231-	
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: *Stephanie Fisher-Matthews*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 922-2787
 Date Daytime Phone #

STEPHANIE FISHER-MATHEWS, President

CR2F034 (9/99)