

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90121 029 ***158.75

UBR0204
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DOCUMENT # P01000077190

1. Entity Name
JUST KITCHEN AROUND, INC.

Principal Place of Business 17 SW OSCEOL ST. STUART FL 34994	Mailing Address 19 PERRIWINKLE CRESCENT STUART FL 34996
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 17 SW Osceola St.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Stuart, FL	City & State
Zip 34994	Country USA

4. FEI Number 65-1130353	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

~~DUNKER, MENDI~~
**19 PERRIWINKLE CRESCENT
 STUART FL 34996**

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, 2002 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	President Mendi Joe Lowe Dunker 19 Perriwinkle Crescent Stuart, FL 34996 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Susan M. Andersen 3823 SE Fairway East Stuart, FL 34997 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Treasurer James E. Dunker 19 Perriwinkle Crescent Stuart, FL 34996 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Mendi Joe Lowe Dunker, President Date: 4.24.2002 (772) 463-2470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)