


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90053 027 ***150.00

DOCUMENT # **P06000001960**

1. Entity Name
SUSIE'S CATERING INC.



DO NOT WRITE IN THIS SPACE

40116974



2. Principal Place of Business
3217 COLONY CLUB ROAD

3. Mailing Address
3217 COLONY CLUB ROAD

Suite, Apt. #, etc.
APT 1

DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH FL

City & State
POMPANO BEACH FL

Zip
33062

Country
USA

4. FEI Number
20-4060750

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SUSAN BRUCKER

Street Address (P.O. Box Number is Not Acceptable)
3217 COLONY CLUB ROAD

City
POMPANO BEACH FL

Zip Code
33062

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, S SUSAN BRUCKER 3217 COLONY CLUB ROAD POMPANO BEACH FL 33062
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Susan Brucker** **SUSAN BRUCKER** 4/30/07 904-782-2135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR200704R (12/02)