

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90106 046 \*\*\*150.00

U112497 AV

**DOCUMENT # P93000062841**

1. Entity Name  
**CULINARY CLASSICS, INC.**

Principal Place of Business

**1205 E. LANDSTREET RD  
 ORLANDO FL 32824  
 US**

Mailing Address

**P.O. BOX 593453  
 ORLANDO FL 32859  
 US**

2. Principal Place of Business

**1219 E. PINE AVENUE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

Zip

Country

**32824 US**

Zip

Country

4. FEI Number

**59-3200542**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LAWRENCE A. MOTZEL  
 1205 E. LANDSTREET RD  
 ORLANDO FL 32824**

7. Name and Address of New Registered Agent

Name **LAWRENCE A. MOTZEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1219 E. PINE AVENUE**  
 City **ORLANDO** FL Zip Code **32824**

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]* **LAWRENCE A. MOTZEL**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-15-02**

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

TITLE **D**  Delete  
 NAME **LAWRENCE A. MOTZEL**  
 STREET ADDRESS **1205 E. LANDSTREET RD**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME **LAWRENCE A. MOTZEL**  
 STREET ADDRESS **1219 E. PINE AVENUE**  
 CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *[Signature]* **LAWRENCE A. MOTZEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-02**

DATE

**407-857-0478**

DAYTIME PHONE #

CR2E034 (9/01)