

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90537 038 ***150.00

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DOCUMENT # P94000090875

1. Entity Name

CT CUISINE, INC.



Principal Place of Business

802 ASH STREET
FERNANDINA BEACH FL 32034
US

Mailing Address

802 ASH STREET
FERNANDINA BEACH FL 32034
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

59-3283184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

THOMPSON, BEEBE
4367 CAPTAINS WAY
AMELIA ISLAND FL 32034

7. Name and Address of New Registered Agent

Name **COURTNEY THOMPSON**
Street Address (P.O. Box Number is Not Acceptable)
2205 BERKLEY COURT
City **AMELIA ISLAND** FL Zip Code **32034**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **THOMPSON, COURTNEY R**
STREET ADDRESS **4367 CAPTAINS WAY**
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **THOMPSON, COURTNEY R.**
STREET ADDRESS **2205 BERKLEY COURT**
CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

TITLE **D** ☒ Delete
NAME **THOMPSON, BEEBE**
STREET ADDRESS **4367 CAPTAINS WAY**
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 904 321-2430

Date

Daytime Phone #

CR2E034 (10/02)