

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90087 011 ***150.00

DOCUMENT # P96000049351

1. Entity Name
GOURMET QUARTERS, INC.

Principal Place of Business 2801 LEPRECHAUN LANE PALM HARBOR FL 34683	Mailing Address 35246 U.S. 19 N. #222 PALM HARBOR FL 34684
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2801 Leprechaun Ln.	3. Mailing Address 35246 US 19 N
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 222
City & State Palm Harbor Fl.	City & State Palm Harbor Fl
Zip 34683	Zip 34683
Country USA	Country USA

4. FEI Number 59-3384051	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**DALY, SUSAN W
 2801 LEPRECHAUN LANE
 PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **Same** **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 _____ (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, 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	
TITLE P	<input type="checkbox"/> Delete
NAME DALY, SUSAN W	
STREET ADDRESS 2801 LEPRECHAUN LANE	
CITY-ST-ZIP PALM HARBOR FL 34683	
TITLE VP	<input type="checkbox"/> Delete
NAME MEYER, STACEY	
STREET ADDRESS 3201 CUSTER DR	
CITY-ST-ZIP HOLIDAY FL	
TITLE ST	<input type="checkbox"/> Delete
NAME HALL, SANDY	
STREET ADDRESS 630 LAKE HOLLOWAY BLVD	
CITY-ST-ZIP LAKELAND FL 33801	
TITLE BMO	<input checked="" type="checkbox"/> Delete
NAME SITTMAN, STEPHANIE	
STREET ADDRESS 228 BROOKSIDE CT	
CITY-ST-ZIP PALM HARBOR FL 34683	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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	

BMO
Ted Freidinger
P.O. Box 736
Palm Harbor, FL. 34682

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: Susan W. Daly **Apr. 13, 2000** 727.787.0927
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #