

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

DOCUMENT # **F12565**

1. Entity Name

GOOD COOKERY CATERING

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14828 79TH CT N.

Suite, Apt. #, etc.

LOXAHATCHEE FL

City & State

Zip **33470**

Country **USA**

3. Mailing Address

14828 79TH CT N.

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL

Zip **33470**

Country **USA**

4. FEI Number

59-2049006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

COLEBATH, WALTER

Street Address (P.O. Box Number is Not Acceptable)

205 N. DIXIE HWY W.P.B. 33401

City

W. P. B.

FL

Zip Code

33401

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$650.00
Amended UBR is \$51.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PRES. ANN DALESSIO 14828 79TH CT N. LOXAHATCHEE, FL 33470	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRES MICHAEL DALESSIO 14828 79TH CT N. LOXAHATCHEE, FL 33470	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann Dalessio P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02

Date

Daytime Phone #

561-784-4877

**FILED
May 01, 2002 8:00 am
Secretary of State**

05-01-2002 91514 035 ***150.00