

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F77217**

1. Entity Name
CATERING BY THE FAMILY, INC.



FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90093 049 ***500.00

0455376
AV

Principal Place of Business
**3701 W GRACE ST
TAMPA FL 33607
US**

Mailing Address
**3701 WEST GRACE ST
TAMPA FL 33607
US**



2. Principal Place of Business
2322 W. CYPRESS ST. 2322 W. CYPRESS

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ST.

☒ CHECK HERE IF MAKING CHANGES

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number **59-2176539**

Applied For
Not Applicable

Zip
33609 Country
HILLS.

Zip
33609 Country
HILLS.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, STEVEN A.
3701 W GRACE ST
TAMPA FL 33607**

Name
GONZALEZ, STEVEN A.

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

2322 W. CYPRESS ST

City
TAMPA FL Zip Code
33609

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

FILE NOW!!! FEE IS
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
GONZALEZ, STEVEN A.
4924 BAY WAY PL WEST
TAMPA FL 33629** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
GUGGINO, CAROL J.
3911 SAN MIGUEL STREET
TAMPA FL 33607** ☐ Delete

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

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/03

CR2E034 (10/02)