

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H54143

1. Entity Name

GOURMET OFFICE SERVICES, INC.

FILED

May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90004 050 \*\*\*150.00

Principal Place of Business

Mailing Address

451 PICASSO DR  
NOKOMIS FL 34275

451 PICASSO DR  
NOKOMIS FL 34275-1448

2. Principal Place of Business

3. Mailing Address

328 Bayside PKWY

P.O. Box 1059

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NOKOMIS

City & State

NOKOMIS

4. FEI Number

59-2529710

Applied For

Not Applicable

Zip

34275

Country

SARASOTA

Zip

34275

Country

SARASOTA

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

ELLINGTON, SCOTT G.--  
451 PICASSO DR  
NOKOMIS FL 34275

Name Seth E. Ellington

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

328 Bayside PKWY

City

NOKOMIS

FL

Zip Code

34275

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

Seth E. Ellington

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

(NOTE: Registered Agent signature required when reinstating)

4/28/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME ELLINGTON, JESSE I.  
STREET ADDRESS 451 PICASSO DR.  
CITY-ST-ZIP NOKOMIS FL ☐ Delete

TITLE D  
NAME Jesse I. Ellington  
STREET ADDRESS 328 Bayside PKWY  
CITY-ST-ZIP NOKOMIS FL 34275 ☐ Change ☐ Addition

TITLE P  
NAME ELLINGTON, SCOTT G.  
STREET ADDRESS 451 PICASSO DR.  
CITY-ST-ZIP NOKOMIS FL ☐ Delete

TITLE P  
NAME Scott G. Ellington  
STREET ADDRESS 17457 Butler Rd  
CITY-ST-ZIP Ft. Myers, FL 33910 ☐ Change ☐ Addition

TITLE S  
NAME ELLINGTON, CAROLYN G.  
STREET ADDRESS 451 PICASSO DR.  
CITY-ST-ZIP NOKOMIS FL ☐ Delete

TITLE S  
NAME Carolyn G. Ellington  
STREET ADDRESS 328 Bayside PKWY  
CITY-ST-ZIP NOKOMIS FL 34275 ☐ Change ☐ Addition

TITLE V  
NAME ELLINGTON, SETH, E  
STREET ADDRESS 451 PICASSO DR  
CITY-ST-ZIP NOKOMIS FL ☐ Delete

TITLE V  
NAME Seth E. Ellington  
STREET ADDRESS 328 Bayside PKWY  
CITY-ST-ZIP NOKOMIS, FL 34275 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

Seth E. Ellington Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/2000

Daytime Phone #

941-484-1036