## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMO MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## May 27, 2002 8:00 am Secretary of State DOCUMENT # L01000016842 05-06-2002 90187 031 \*\*\*\*50.00 1. Entity Name G. KING CATERING, LLC. Principal Place of Business Mailing Address 4807A BATSHORE BLVD 4807A BROWNINGE BLVD TAMPA FL 33611 TAMPA/FL 336H 2. Principal Place of Business 3. Mailing Address 1301 Coldin 1301 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 9.3748475 Euck Not Applicable \$5.00 Additional 5. Certificate of Status Desired 3572 Fee Required 6. Name and Address of Current Registered Agent 77 Name and Address of New Registered Agent HUNTER, SHERYLS, んててつてんだい Street Address (P.O. Box Number is Not Acceptable) **4807A BAYSHORE BLVD** TAMPA FL 33611 Zip Code FI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State **Due By May 1, 2002** MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Change ■ Addition (9/01 CATERING, G. KING NAME 4807A BAYSHORE BLVD 1301 COBIR CON NAMÉ CR2E083 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA'YE APOILO (DERCH TITLE TITLE 33574 Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete والمناف والمحاجرة MALEF NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED** 

813-645-2670