

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90500 009 ***150.00

DOCUMENT # L67791

1. Entity Name
PRIVATE CHEF SERVICES INC.



Principal Place of Business
**5586 W LAKEWOOD CIR
VILLA E
MARGATE FL 33063
US**

Mailing Address
**5586 W LAKEWOOD CIR
VILLA E
MARGATE FL 33063
US**

2. Principal Place of Business
9895 W. Sample Rd.
Suite, Apt. #, etc.

3. Mailing Address
9895 W. Sample Rd.
Suite, Apt. #, etc.

City & State
Coral Springs, FL
Zip
33065
Country
USA

City & State
Coral Springs, FL
Zip
33065
Country
USA

4. FEI Number **65-0189887**
Applied For
Not Applicable

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

**JUDSON, DUANE
5586 W. LAKEWOOD CIRCLE VILLA E
MARGATE FL 33063**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
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	PD	<input type="checkbox"/> Delete
NAME	JUDSON, DUANE	
STREET ADDRESS	5586 W LAKEWOOD CIRCLE VILLA E	
CITY-ST-ZIP	MARGATE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JUDSON, DUANE	
STREET ADDRESS	5586 W LAKEWOOD CIRCLE VILLA E	
CITY-ST-ZIP	MARGATE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JUDSON, DENISE	
STREET ADDRESS	5586 W LAKEWOOD CIRCLE VILLA E	
CITY-ST-ZIP	MARGATE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JUDSON, ANTOINETTE	
STREET ADDRESS	4246 NE 35TH AVENUE ROAD	
CITY-ST-ZIP	OCALA FL 34479	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Denise E. Judson 1/7/03 (954) 753-7151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)