

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M76555

1. Entity Name

CREATIVE KITCHEN CENTER, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90138 042 ***150.00

00040859



DO NOT WRITE IN THIS SPACE

Principal Place of Business

680 FARMERS MARKET RD
FT PIERCE FL 34982
US

Mailing Address

680 FARMERS MARKET RD
FT PIERCE FL 34982
US

2. Principal Place of Business

680 Farmers Market Rd.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Fort Pierce, FLA

Zip

34982

Country

ST Lucie

City & State

Zip

Country

4. FEI Number

59-2780863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, DAVID M
273 SE FALLON DR
PT ST LUCIE FL 34952

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent's 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE P ☐ Delete
NAME SMITH DAVID M.
STREET ADDRESS 273 SE FALLON DRIVE
CITY-ST-ZIP PORT ST LUCIE FL

TITLE T ☐ Delete
NAME DAVID M. SMITH
STREET ADDRESS 273 SE FALLON DR.
CITY-ST-ZIP PT. ST. LUCIE FL

TITLE S ☐ Delete
NAME DAVID M. SMITH
STREET ADDRESS 273 SE FALLON DR.
CITY-ST-ZIP PT. ST. LUCIE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

David M Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

Daytime Phone #

CR2E034 (10/00)