2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # N97000003017 May 31, 2000 8:00 am 1. Entity Name Secretary of State GET REAL COOKING INC. 05-31-2000 90081 007 ****61.25 Principal Place of Business Mailing Address 913 WOODCRAFT DRIVE 913 WOODCRAFT DRIVE APOPKA FL 32712-4415 APOPKA FL 32712 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 31-1546979 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -Street Address (P.O. Box Number is Not Acceptable) ALVINE, CAROL C 913 WOODCRAFT DRIVE APOPKA FL 32712 Zip Code City 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** (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Change Addition TITLE TITLE ☐ Delete NAME NAME ALVINE, CAROL C STREET ADDRESS STREET ADDRESS 913 WOODCRAFT DR. CITY-ST-ZIP CITY-ST-ZIP APOPKA FL ☐ Addition □ Change TITLE ☐ Delete TITLE D NAME NAME BOND, LIZ STREET ADDRESS STREET ADDRESS 907 WOODCRAFT DR CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 ☐ Delete Change ☐ Addition TITLE TITLE AS NAME NAME ward, vicki d STREET ADDRESS STREET ADDRESS 4461 OAK ARBOR CIR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME BAILEY, RENAE STREET ADDRESS STREET ADDRESS 1359 DUTCH ELM DR CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 31 = -2714 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME FORTUNATO, LOUISE STREET ADDRESS STREET ADDRESS 1124 L. FRANCIS RD CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 ☐ Change Addition V.P. FThames TITLE Mr. Methew Juranko ☐ Delete TITLE V.P. Finance NAME NAME 211 S. Edgewood Ave. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Apopla, FLA 32703 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 617, 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.