

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90061 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P00000002943**

1. Entity Name  
**AYUTTAYA THAI CUISINE, INC.**

Principal Place of Business <b>6658 NW 83 COURT          Ocala FL 33484</b>	Mailing Address <b>6658 NW 83 COURT          Ocala FL 33484</b>
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2. Principal Place of Business <b>2437 S.W. 27 AVE          Ocala, FL</b>	3. Mailing Address <b>6658 NW 83 TERRACE          Ocala, FL</b>
City & State <b>34474 Ocala, FL</b>	City & State <b>Ocala, FL</b>
Zip <b>34474</b>	Country <b>U.S.A.</b>
Zip <b>34482</b>	Country <b>USA</b>

4. FEI Number <b>59-3620242</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CHANAVORACHAI, SHERRY  
 6658 NW 83 COURT  
 Ocala FL 33484**

7. Name and Address of New Registered Agent

Name  
**Sherry Chanavorachai**

Street Address (P.O. Box Number is Not Acceptable)  
**6658 NW 83 TERRACE**

**Ocala, FL**

City **Ocala** FL Zip Code **34482**

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) 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHANAVORACHAI, SOMPONG 6658 NW 83 COURT OCALA FL 33484</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHANAVORACHAI, SOMPONG 6658 NW 83 TERRACE OCALA, FL 34482</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHANAVORACHAI, SHERRY 6658 NW 83 COURT OCALA FL 33484</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHANAVORACHAI, SHERRY 6658 NW 83 TERRACE OCALA, FL 34482</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sherry Chanavorachai **SHERRY CHANAVORACHAI** **1/3/01** **(352) 629-5358**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)