

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State
 02-27-2001 90336 036 ***158.75

DOCUMENT # P00000030255

1. Entity Name

KITCHEN ART OF CENTRAL FLORIDA, INC.

Principal Place of Business

**12340 WILES ROAD
 CORAL SPRINGS FL 33076**

Mailing Address

**12340 WILES ROAD
 CORAL SPRINGS FL 33076**

00024997



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

599 CELEBRATION PLACE

3. Mailing Address

P.O. Box 470007

Suite, Apt. #, etc.

SUITE H

Suite, Apt. #, etc.

City & State

CELEBRATION, FL

City & State

CELEBRATION, FL

Zip

34747

Country

USA

Zip

34747-0007

Country

USA

4. FEI Number

65-1016374

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JONES, GREG
 12340 WILES ROAD
 CORAL SPRINGS FL 33076**

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 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
**P/O
 GREG JONES
 12340 WILES RD.
 CORAL SPRINGS, FL 33076**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V/D
 ALAN J. SINGER
 599 CELEBRATION PLACE, SUITE H
 CELEBRATION, FL 34747**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T/O
 DON HEMPEL
 599 CELEBRATION PLACE, SUITE H
 CELEBRATION, FL 34747**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S/O
 JEFF MARCHELL
 599 CELEBRATION PLACE, SUITE H
 CELEBRATION, FL 34747**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Alan J. Singer

ALAN J. SINGER

2/29/01

407-832-9829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)