

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90035 002 ***185.00

DOCUMENT # P00000031327

1. Entity Name

GOURMET MOBILE RESTAURANTS, INC.

Principal Place of Business

5100 N FEDERAL HWY
STE 409

Mailing Address

5100 N FEDERAL HWY
STE 409

FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308

2. Principal Place of Business

4850 ST JAMES AVE

Suite, Apt. #, etc.

3. Mailing Address

300 FIFTH AVE SOUTH

Suite, Apt. #, etc.

SUITE 101-200

City & State

TITUSVILLE, FL

City & State

NAPLES, FL

4. FEI Number

65-0980215

Applied For

Not Applicable

Zip

32780

Country

USA

Zip

34102

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEGEL, LARRY

5100 N FEDERAL HWY STE 409

FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

RENITA WATTS

Street Address (P.O. Box Number is Not Acceptable)

4850 ST JAMES AVE

City

TITUSVILLE

FL

Zip Code

32780

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 RENITA WATTS

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

(NOTE: Registered agent signature required when (re)appointing)

4/6/01

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	D LEGEL, LARRY 5100 N FEDERAL HWY, STE 409 FT LAUDERDALE, FL 33308	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D JIM JOHNSON 20 JUSTICE LN CONWAY, AR 72033	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D TOM LYONS 2301 OAKRIDGE SHERWOOD, AR 72120	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D JUDY LYONS 2301 OAKRIDGE SHERWOOD, AR 72120	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D RON DAVIS 311 BOBWHITE RD LONOKE, AR 72086	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01

501-985-9944