

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91273 025 ***158.75

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DOCUMENT # P00000035248

1. Entity Name
CARETAKING & CHEF SERVICES OF SANIBEL, INC.



Principal Place of Business
**2630 WEST GULF DRIVE
SANIBEL FL 33957**

Mailing Address
**2630 WEST GULF DRIVE
SANIBEL FL 33957**

11041070



2. Principal Place of Business

1103 Captains Walk St.

3. Mailing Address

1103 Captains Walk St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Sanibel, FL

City & State

Sanibel, FL

4. FEI Number **65-1003893**

Applied For
Not Applicable

Zip **33957** Country **USA**

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCDOWELL, KENNETH O
2630 WEST GULF DRIVE
SANIBEL FL 33957**

7. Name and Address of New Registered Agent

Name **Kenneth O. McDowell** *for address changes
Street Address (P.O. Box Number is Not Acceptable) **1103 Captains Walk St only**
City **Sanibel** FL Zip Code **33957**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MCDOWELL, KENNETH O**
STREET ADDRESS **2630 WEST GULF DRIVE**
CITY-ST-ZIP **SANIBEL FL 33957**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 (239) 395-6793
Date Daytime Phone #

CR2E034 (10/02)