

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90004 049 \*\*\*158.75

DOCUMENT # P00000052454

1. Entity Name  
**CHICKEN PIE COMPANY, INC.**

Principal Place of Business

6639 SUPERIOR AVENUE  
 SARASOTA FL 34231

Mailing Address

6639 SUPERIOR AVENUE  
 SARASOTA FL 34231

H0059821

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
 65-1041178

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE BARROS, RAUL M  
 6639 SUPERIOR AVENUE  
 SARASOTA FL 34231

Name

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

City

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)

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

TITLE NAME ~~Raul M. DeBarros~~ ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ~~Genoveva DeBarros~~ ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Add  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (10-00)

000458

attachment  
D#PXXXXX052454  
B005982 1

Dear Sirs,

We have recently received a 2001 Uniform Business Report from the Florida Department of State Division of Corporations stating that we have not filed and this is our second notice. I originally filed this form with you at the beginning of April. I checked box 5 on the form and sent the extra \$8.75. I have not yet received a certificate of status. After receiving this second notice I called my bank to find that the check I sent had not cleared. I have since called your office in search of an solution. I was instructed to send a new check for the amount of \$158.75 and a copy of the original Uniform Business Report signed once again in blue ink. I hope this can be acceptable as our original filing. If I have misunderstood these instructions and there is something else I need to do to resolve this please call me at (941) 929-9893. Thank you for your assistance and patience in this matter.

Sincerely,

Raul M. DeBarros  
Chicken Pie Company  
President

