

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90277 037 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000060420  
1. Entity Name  
A Cook's Paradise

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
Seminole Towne Center  
Suite, Apt. #, etc.  
112  
City & State  
Sanford FL

3. Mailing Address  
A Cook's Paradise  
Suite, Apt. #, etc.  
112 Towne Center Cir.  
City & State  
Sanford FL

4. FEI Number  
59-3654610-06222  
Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

Country  
USA  
Zip  
32771

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
Christopher M. Jordan  
Street Address (P.O. Box Number is Not Acceptable)  
101 E. Altamonte Dr. #1132  
City  
Altamonte Springs FL Zip Code  
32701

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 Christopher M. Jordan (President) Christopher M. Jordan 8-20-02  
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)   
January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Christopher M. Jordan</u> <u>101 E. Altamonte Dr. #1132</u> <u>Altamonte Springs, FL. 32701</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Katherine J. Pizzola</u> <u>101 E. Altamonte Dr. #1132</u> <u>Altamonte Springs, FL. 32701</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.  
SIGNATURE: Katherine J. Pizzola Katherine J. Pizzola 7-24-02 (407) 322-4050  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)

Attachment  
# 70000004429870906

We did not  
for Payment,  
the check.

get the first request  
and are now pending

Bothering of Popola  
Vice Pres.  
A Costa Rica