

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 Christopher M. Jordan 101 E. Altamonte Dr. #1132 Altamonte Springs, FL. 32701</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President Katherine J. Pizzola 101 E. Altamonte Dr. #1132 Altamonte Springs, FL. 32701</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 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 Pippa
Vice Pres.
A Costa Rica