

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
 02-05-2001 90049 026 ***150.00

DOCUMENT # P00000072302

1. Entity Name
TWO SISTERS AND A CHEF, INC.

Principal Place of Business 2460 NORTHSIDE DRIVE UNIT 403 CLEARWATER FL 33761	Mailing Address 2460 NORTHSIDE DRIVE UNIT 403 CLEARWATER FL 33761
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2. Principal Place of Business 514 N. TAMPA ST. Suite, Apt. #, etc.	3. Mailing Address 514 N. TAMPA ST. Suite, Apt. #, etc.
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City & State TAMPA, FLORIDA	City & State TAMPA, FLORIDA
Zip 33602	Country U.S.A.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**JACOBSON, RICHARD A
 501 E. KENNEDY BOULEVARD
 SUITE 1700
 TAMPA FL 33602**

4. FEL Number 59-3662091	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent
 Name **NICOLETTA BAKTIS**
 Street Address (P.O. Box Number is Not Acceptable)
514 N. TAMPA ST.
 City **TAMPA** FL Zip Code **33602**

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] (NICOLETTA BAKTIS - D)** DATE **January 31, 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAKTIS, NICOLETTA		NAME	
STREET ADDRESS 2460 NORTHSIDE DRIVE #403		STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 33761		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAPA, CARMELA		NAME	
STREET ADDRESS 2460 NORTHSIDE DRIVE #403		STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 33761		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature] NICOLETTA BAKTIS** Date **Jan. 31, 2001** Daytime Phone # **813-227-7400**
Signature and typed or printed name of signing officer or director

CR2E034 (10/00)