

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072539

1. Entity Name

CHEF'S MARKET V, INC.

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90050 027 ***150.00

Principal Place of Business

700 N INDGIO TERR
JACKSONVILLE FL 32259

Mailing Address

700 N INDGIO TERR
JACKSONVILLE FL 32259

2. Principal Place of Business

465 Hwy 13 N

3. Mailing Address

Suite, Apt. #, etc.

Suite 3

City & State
JAX FL

City & State

Zip
32259

Country

Zip

Country

4. FEI Number

59-3663754

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, JOHN R
225 WATER ST, STE 900
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

TRAVIS HOLLOWAY

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

700 N INDGIO TERRACE

City

JAX

FL

Zip Code

32259

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 is acceptable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

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.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLLOWAY, TRAVIS A
700 N INDGIO TERR
JACKSONVILLE FL 32259

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-01 904 287-4091

CR2E034 (10/00)