

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000101833**

1. Entity Name

THE GIFTED GROUTMET, INC.*The Gifted Gourmet, Inc.*

Principal Place of Business

6004 BLAKEFORD DR.
WINDERMERE FL 34786

Mailing Address

6004 BLAKEFORD DR.
WINDERMERE FL 34786

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3681608

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**KOUSAIE, NANCY S
6004 BLAKEFORD DR.
WINDERMERE FL 34786**7. Name and Address of New Registered Agent**

Name

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

City

FL

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

Nancy S. Koussie

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE ☐ DeletePD
JAMES, REBECCA
6004 BLAKEFORD DR.
WINDERMERE FL 34786TITLE ☐ DeleteSD
KOUSAIE, NANCY S
6004 BLAKEFORD DR.
WINDERMERE FL 34786TITLE ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy S. Koussie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 876-6887

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90100 039 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)