

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117948

1. Entity Name

ROY'S KITCHEN, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90028 029 ***150.00

Principal Place of Business

Mailing Address

6825 S. US HWY. ONE
PORT ST. LUCIE FL 34952

6825 S. US HWY. ONE
PORT ST. LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1073622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARRELL, RICKEY L ESQ
1595 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

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

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME D
STEVENS, ROY
STREET ADDRESS 6825 S. US HWY. ONE
CITY-ST-ZIP PORT ST. LUCIE FL 34952

PRES.

TITLE ☐ Delete

NAME DELORA R. WARMAN
STREET ADDRESS 541 NW SAN REMO CIR
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

VICE PRES.

TITLE ☐ Delete

NAME BEVERLY STEVENS
STREET ADDRESS 842 NW SORRENTO LANE
CITY-ST-ZIP PORT ST LUCIE, FL 34986

SEC/TREAS.

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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 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

ROY STEVENS PRES

4/26/01

561-460-1146

Date

Daytime Phone #

CR2E034 (10/00)