

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91774 048 ***150.00

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DOCUMENT # P01000025686

1. Entity Name
MAMA M'S KITCHEN, INC.



Principal Place of Business

~~4873 VERONA CIR.~~
~~MELBOURNE FL 32940~~

Mailing Address

~~4873 VERONA CIR.~~
~~MELBOURNE FL 32940~~

11040333



2. Principal Place of Business

3824 MURRELL Rd

3. Mailing Address

3824 MURRELL Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Rockledge, FL

City & State

Rockledge, FL

4. FEI Number

59-5739584

Applied For

Not Applicable

Zip

32955

Country

FLORIDA

Zip

32955

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, SHIRLEY
4873 VERONA CIR.
MELBOURNE FL 32940

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **SHIRLEY A. MATTHEWS, P** *Shirley A. Matthews* **4/30/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MATTHEWS, SHIRLEY A	
STREET ADDRESS	4873 VERONA CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MATTHEWS, MICHAEL G	
STREET ADDRESS	8104 ARBOR DR	
CITY-ST-ZIP	FENTON MI 48430	
TITLE	S	<input type="checkbox"/> Delete
NAME	TAYLOR, ANNETTE L	
STREET ADDRESS	4873 VERONA CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3824 MURRELL Rd	
STREET ADDRESS	Rockledge, FL 32955	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5133 Coach Light Dr	
STREET ADDRESS	FENTON, MI 48430	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3824 MURRELL Rd	
STREET ADDRESS	Rockledge, FL 32955	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley A. Matthews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

321-433-2388
Daytime Phone #

CR2E034 (10/02)