

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90249 025 ***150.00

DOCUMENT # P01000044222

1. Entity Name
CATERING CAPERS, INC.

Principal Place of Business

1571 STONE RD.
 TALLAHASSEE FL 32302

Mailing Address

1571 STONE RD.
 TALLAHASSEE FL 32302

2. Principal Place of Business

1571 Stone Rd 9-D
 Suite, Apt. #, etc.

3. Mailing Address

1571 Stone Rd 9-D
 Suite, Apt. #, etc.

City & State

Tallahassee Florida

City & State

Tallahassee Florida

Zip
 32303

Country

LEON

Zip

32303

Country

LEON

4. FEL Number

59-3720328

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARRETT, CARLENE
 1571 STONE RD., STE. 9-D
 TALLAHASSEE FL 32303

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

Carlene Barrett

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

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, 2002 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 ☐ Delete
 NAME **President Justin Chiricos**
 STREET ADDRESS **1571 Stone Rd 9-D**
 CITY-ST-ZIP **Tallahassee Florida 32303**

TITLE ☐ Delete
 NAME **Rob Evans**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **Director of Operations Robert Evans**
 STREET ADDRESS **225 West Pensacola Street Apt 12**
 CITY-ST-ZIP **Tallahassee Florida 32304**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

Justin Chiricos
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)