

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90200 010 ***150.00

DOCUMENT # P01000046421

1. Entity Name
KITCHEN ENCOUNTERS, INC.

Principal Place of Business
410 WALNUT ST.
GREEN COVE SPRINGS FL 32043

Mailing Address
410 WALNUT ST.
GREEN COVE SPRINGS FL 32043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
508 Myrtle Avenue
 Suite, Apt. #, etc.

3. Mailing Address
508 Myrtle Avenue
 Suite, Apt. #, etc.

City & State
Green Cove Springs, FL.
 Zip **32043** Country **USA**

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Green Cove Springs, FL.
 Zip **32043** Country **USA**

4. FEI Number **59-3723298** **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HUTCHINGS, M. BRETT
410 WALNUT ST.
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name **Hutchings, M. Brett**
Street Address (P.O. Box Number is Not Acceptable)
508 Myrtle Avenue
City **Green Cove Springs** **FL** **Zip Code** **32043**

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 **x M. Brett Hutchings** **M. Brett Hutchings** **x 4/26/02**
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HUTCHINS, M. BRETT**
STREET ADDRESS **410 WALNUT ST.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **D** ☐ Delete
NAME **GRAHAM, H. LEE JR.**
STREET ADDRESS **410 WALNUT ST.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Hutchins, M. Brett**
STREET ADDRESS **508 Myrtle Avenue**
CITY-ST-ZIP **Green Cove Springs, FL 32043**

TITLE **D** ☒ Change ☐ Addition
NAME **Graham, Harry Lee Jr**
STREET ADDRESS **508 Myrtle Avenue**
CITY-ST-ZIP **Green Cove Springs, FL 32043**

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

TITLE ☐ Change ☐ Addition
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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: **x M. Brett Hutchings** **M. Brett Hutchings** **x 4/26/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)