

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

4/10

04-10-2003 90162 027 ***150.00

DOCUMENT # P01000060926

1. Entity Name
DIRECT2CHEF, INC.



Principal Place of Business
1310 S PENNSYLVANIA AVENUE
#6
WINTER PARK FL 32789

Mailing Address
PO BOX 2005
WINTER PARK FL 32789

2. Principal Place of Business
5671 S. LK BURKETT LN.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
WINTER PARK, FL
Zip
32792
Country
USA

City & State
Zip
Country

4. FEI Number
56-2355606

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

RYAN, KEVIN L
1310 S PENNSYLVANIA AVENUE
#6
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5671 S. LK BURKETT LN.
City **WINTER PARK** **FL** **Zip Code** **32792**

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

(NOTE: Registered Agent signature required when reinstating)

4/7/03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **RYAN, KEVIN L**
STREET ADDRESS **1310 S PENNSYLVANIA AVE #6**
CITY-ST-ZIP **WINTER PARK FL 32789**

☒ **Change** ☐ **Addition**
TITLE
NAME **5671 S. LK. BURKETT LN.**
STREET ADDRESS **WINTER PARK, FL 32792**
CITY-ST-ZIP

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

☐ **Change** ☐ **Addition**
TITLE
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CITY-ST-ZIP

TITLE ☐ **Delete**
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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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/7/03 **407-539-1459**
DATE **Daytime Phone #**

CR2E034 (10/02)