

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90138 037 ***150.00

DOCUMENT # P01000064767

1. Entity Name
NANNIE'S KITCHEN, INC.



Principal Place of Business
**1018 NY AVE
SAINT CLOUD FL 34769**

Mailing Address
**1018 NY AVE
SAINT CLOUD FL 34769**

30012413



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 **59-3728557**

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

7. Name and Address of New Registered Agent

**ARD, MICHELLE A
6950 STABLE CT
ST CLOUD FL 34771**

Name **ARD, Michelle A.**
Street Address (P.O. Box Number is Not Acceptable)
800 KENTUCKY AVE.
City **ST. CLOUD** FL Zip Code **34769**

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 *Michelle A. Ard*

1-27-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ARD, MICHELLE A**
STREET ADDRESS **6950 STABLE CT**
CITY-ST-ZIP **ST CLOUD FL 34771**

TITLE **D** ☒ Change ☐ Addition
NAME **ARD, Michelle A**
STREET ADDRESS **800 KENTUCKY AVE**
CITY-ST-ZIP **ST CLOUD FL 34769**

TITLE **D** ☐ Delete
NAME **AUSTIN, JEREMY**
STREET ADDRESS **6950 STABLE CT**
CITY-ST-ZIP **ST CLOUD FL 34771**

TITLE **D** ☒ Change ☐ Addition
NAME **AUSTIN, JEREMY**
STREET ADDRESS **706 NEW JERSEY AVE**
CITY-ST-ZIP **ST CLOUD FL 34769**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

1-27-03 407-957-2271
Date Daytime Phone #

CR2E034 (10/02)