

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91631 046 ***150.00

DOCUMENT # P01000084910

1. Entity Name
THE ART OF EATING, INC

Principal Place of Business
1724 N PEARL ST
JACKSONVILLE FL 32206

Mailing Address
1724 N PEARL ST
JACKSONVILLE FL 32206

2. Principal Place of Business

3630 Park Street
 Suite, Apt. #, etc.

3. Mailing Address

1724 N. Pearl St.
 Suite, Apt. #, etc.

City & State
Jacksonville

Zip
32205 **Country**
U.S.A

City & State
Jacksonville

Zip
32206 **Country**
U.S.A

4. FEI Number
59-3746202

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORREST, JEFFREY T
1724 N PEARL ST
JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent

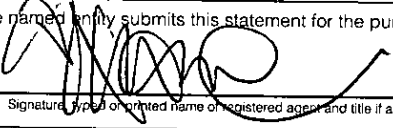
Name **Erika K. Ware**

Street Address (P.O. Box Number is Not Acceptable)

1724 North Pearl St.

City **Jacksonville** **FL** **Zip** **32206**

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 

(NOTE: Registered Agent signature required when reinstating)

5/13/02
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 ☐
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **President/owner** ☐ Delete
NAME **Erika K. Ware**
STREET ADDRESS **1724 N. Pearl St.**
CITY-ST-ZIP **Jacksonville FL 32206**

TITLE **Vice President/owner** ☐ Delete
NAME **Jeffrey Forrest**
STREET ADDRESS **1724 N. Pearl St.**
CITY-ST-ZIP **Jacksonville FL 32206**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
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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:  **Erika K. Ware** **5/13/02** **904-381-0909**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **Daytime Phone #**

CR2E034 (9/01)

Attachment
Document #
PO1000084910
436304



Uniform Business Report
Divisions of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern;

I regret to inform you that we did not receive our UBR form until well after the deadline. Being our first year in business we were unaware of the requirements. I have completed the form and am submitting it with this letter in hopes that it will be sufficient. I am including the necessary fee of \$150.00 without the late fee. If it is still required please let me know and I will send it. I'm hoping we will not be penalized for this error.

Thank you,

Erika Ware
President/Owner