

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90041 035 ***158.75

DOCUMENT # P01000120099

1. Entity Name
THE GOURMET RODENT, INC.

Principal Place of Business
6115 SW 137TH AVE
ARCHER FL 32618

Mailing Address
6115 SW 137TH AVE
ARCHER FL 32618

2. Principal Place of Business
SAME AS ABOVE
 Suite, Apt. #, etc.

3. Mailing Address
SAME AS ABOVE
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
223-849-161

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

BRANT, WILLIAM E
6115 SW 137TH AVE
ARCHER FL 32618

7. Name and Address of New Registered Agent

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

NO CHANGE

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 WILLIAM E. BRANT **WILLIAM E. BRANT** **4/8/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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** ☐ Delete
 NAME **WILLIAM E. BRANT**
 STREET ADDRESS **6115 SW 137TH AVE**
 CITY-ST-ZIP **ARCHER, FL 32618**

TITLE **VICE-PRESIDENT** ☐ Delete
 NAME **MARCIA E. BRANT**
 STREET ADDRESS **6115 SW 137TH AVE.**
 CITY-ST-ZIP **ARCHER, FL 32618**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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
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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: WILLIAM E. BRANT **WILLIAM E. BRANT** **4/8/02** **(352) 495-9024**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)