

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90183 012 ***550.00

DOCUMENT # P02000081949

1. Entity Name

MONOCHROME GOURMET CATERING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6812 Washington Place

Suite, Apt. #, etc.

3. Mailing Address

6812 Washington Place

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bradenton, Florida

City & State
Bradenton, Florida

4. FEI Number
56-2283933

Applied For
Not Applicable

Zip
34207

Country
USA

Zip
34207

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Daniel A. Bechtold

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

720 South Orange Avenue

City

Sarasota

FL

Zip Code

34236

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

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P S T D
Scott M. Watanabe
6812 Washington Place
Bradenton, Florida 34207

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Scott M. Watanabe, President

8/28/03

Date

(941) 758-4961

Daytime Phone #