

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000104767

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: ABSOLUTELY DIVINE CATERING, INC.

## Current Principal Place of Business:

5732 NORMANDY BLVD.  
SUITE 5  
JACKSONVILLE, FL 32205

## New Principal Place of Business:

## Current Mailing Address:

5732 NORMANDY BLVD.  
SUITE 5  
JACKSONVILLE, FL 32205

## New Mailing Address:

FEI Number: 11-3661171      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARMSTRONG, SONYA  
5732 NORMANDY BLVD.  
SUITE 5  
JACKSONVILLE, FL 32205

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: ARMSTRONG, SONYA  
Address: 1591 LANE AVENUE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32210

Title: STD ( ) Delete  
Name: JACKSON, URSULA  
Address: 3311 CANCUN DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32225

Title: PD ( ) Delete  
Name: MOBOEY, CELESTIA  
Address: 8142 SABLE WOOD DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32244

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: ARMSTRONG, SONYA  
Address: 6655 DELTA POST DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32244

Title: STD (X) Change ( ) Addition  
Name: JACKSON, URSULA  
Address: 7770 SPINDLETREE COURT  
City-St-Zip: JACKSONVILLE, FL 32256

Title: PD (X) Change ( ) Addition  
Name: MOBLEY, CELESTIA  
Address: 8142 SABLE WOODS DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: URSULA JACKSON

STD

04/28/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date