

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90096 009 ***158.75

DOCUMENT # P02000132972

1. Entity Name
SIMPLY DELICIOUS, INC.



Principal Place of Business
**1825 S. OSPREY AVE.
SARASOTA FL 34239**

Mailing Address
**1825 S. OSPREY AVE.
SARASOTA FL 34239**

2. Principal Place of Business
3550 CLARK RD.
Suite, Apt. #, etc.

3. Mailing Address
3550 CLARK RD.
Suite, Apt. #, etc.

City & State
SARASOTA, FL.

City & State
SARASOTA, FL.

4. FEI Number
02-1669875

Applied For
Not Applicable

Zip
34231 Country
USA

Zip
34231 Country
USA

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

6. Name and Address of Current Registered Agent

**CASWELL, CHRIS
2364 FRUITVILLE ROAD
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name **Natasha Menke**
Street Address (P.O. Box Number is Not Acceptable)
3550 Clark Rd
City **Sarasota FL 34231 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Natasha Menke**

4-7-03

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

TITLE **D** ☒ Delete
NAME **MENKE, NATASHA**
STREET ADDRESS **1825 S. OSPREY AVE.**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MENKE, NATASHA** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3550 CLARK RD.**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Natasha Menke** **REQUIRED**

4-7-03 (941)3661277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)