2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021879



FILED Jan 21, 2003 8:00 am Secretary of State

| Solid Applied Solid Applie | PEGGY'S | | RY KITCHEN, INC. | | | | 01-21-2003 90207 044 ***150.00 |
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| Salle, Apt. 8, etc. Cay & State Cay & State Country C | 2100 SOUTH | RIDGEWOOD . | | 2100 SOUTH RIDGEWOOD AVE. | | | T (DENIEST) THE METER CHILL BEING BRING BRING BRING HER IN HER LED HER BRING HER IN HER IN HER LED HER IN H |
| City & State Ci | Principal Place of Business | | | | | <u> </u> | |
| Zip Country Zip Country | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES |
| Section Sect | City & Sta | ate | | City & State | | · · . | 4. FEI Number 59-3183048 Applied For Not Applicable |
| A FORCE, PEGGY J 2100 SOUTH RIDGEWOOD AVE. EDGEWATER FL 32141 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accident the obligations of registered agent. When the projected agent are projected agent, or both, in the State of Forda. I am familiar with, and accident the obligations of registered agent. FILE NOW!!! FEE IS \$15.00 After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE 10. OFFICERS AND DIRECTORS 12. SINER ADDRESS | Zip | _ | | , | Cour | ntry | 5 Certificate of Status Desired |
| Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code R. The above named entity submits this statement for the purpose of changing its registated office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with and acceptable of Florida. International Floridation of Floridation of Floridation of Floridation of Floridation of Floridation of Flor | | 6. Name | and Address of Current | Registered Agent | | | |
| ### STREET ADDRESS OTH'S 1-79 EDGEWATER FL 32141 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 Ismiliar with, and accompliant to the purpose of changing its registered agent, or both, in the State of Florida. I am Ismiliar with, and accompliant to order agration depend agent and tife it applicable. City | | | | | | Name | |
| EDGEWATER FL 32141 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordia. I am familiar with, and accident the obligations of registered agent. SIGNATURE Signature Development Propose Prop | LA FORCE, PEGGY J | | | | | Street Address | ress (P.O. Box Number is Not Acceptable) |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent. Signature Signature Signature present agent agent and still of applicable (NOTE Programed Agent signature required when releasing) DATE | | | | | | | |
| SIGNATURE | 9 The show | a named estit | | | | ' | FE · |
| Signature, place or printed name of registered agent and tille if applicable. (NOTE Registrative required when relieuting) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE AF ORCE, PEGGY J 2100 SOUTH RIDGEWOOD AVE. EDGEWATER FL 32141 TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE SIRET ADDRESS CITY-S1-ZIP TITLE SIRET ADDRESS CITY-S1-ZIP TITLE SIRET ADDRESS CITY-S1-ZIP TITLE SIRET ADDR | the obliga | e named entity ations of registe | ered agent. | r the purpose of changing i | its registere | ed office or regist | gistered agent, or both, in the State of Florida. I am familiar with, and accept |
| Atter May 1, 2003 Fee will be \$550.00 May E Make Check Payable to Florida Department of State 10. | SIGNATURE | Signature, typed o | or printed name of registered agent a | nd title if applicable. (No | OTE: Registere | d Agent signature requi | aquired when reinstating) DATE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S | Afte | r May 1, 200 | 3 Fee will be \$550.00 | State | 1 | | T TOTO Way be |
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| 10 1 | name Street address | | | ☐ Delete | NAME Stree | T ADDRESS | ☐ Change ☐ Addition |

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:

Date