

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90875 038 ***150.00

DOCUMENT # *P93000028357*

1. Entity Name

Chef Paul's Inc.

DO NOT WRITE IN THIS SPACE

662862

2. Principal Place of Business

4900 N. Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Address

4900 N. Tamiami Trail

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

65-0402833

Applied For

Not Applicable

Zip

34234

Country

U.S.A.

Zip

34234

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Graves, Grace

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

3056 Wood St.

City

Sarasota

FL

Zip Code

34237

**DO NOT WRITE
IN THIS SPACE**

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

Grace Graves

Grace Graves

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 \$81.25

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
Graves, Frederick P.
3056 Wood St.
Sarasota, FL 34237*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*V
Graves, Grace
3056 Wood St.
Sarasota FL 34237*

TITLE
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STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

☒ SIGNATURE: *Grace Graves* *Grace Graves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 365-5976

CR2E034B (12/01)