**FILED** 

## 2002 Uniform Business Report (UBR)

## May 12, 2002 8:00 am Secretary of State P93000082681 DOCUMENT # 1. Entity Name 03-29-2002 91393 035 \*\*\*150.00 CATERING AND BAKING, INC. Principal Place of Business Mailing Address 1011 BURNS AVE P. O. BOX 767 LAKE WALES FL 33853 BABSON PARK FL 33827 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3274111 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) LAKE-WALES FLOSSES BOLSON PACK, City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE DÞ. ☐ Delete TITLE ☐ Change ☐ Addition 80 MALIF ODLE, JEANETTE NAME STREET ADORESS 2022 N SCENIC HWY STREET ADDRESS CITY-ST-ZIP BABSON PARK FL 33827 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE \_ ☐ Addition NAME NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CTTY-ST-ZIP mle ☐ Delete nne ☐ Change ☐ Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delate TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-51-78 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 path; that I am an officer or director changed, or on an attact/refit with an address, with all other like ethics/wered.