

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000013966

1. Entity Name

CULINARY SERVICES, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90094 014 ***150.00

Principal Place of Business

Mailing Address

5200 TAMiami TR N
SUITE 103
NAPLES FL 33940
US

5200 TAMiami TR N
SUITE 103
NAPLES FL 34103-2817
US

2. Principal Place of Business

878 109TH AVE N

3. Mailing Address

878 109TH AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #1

SUITE #1

City & State

City & State

NAPLES FL

NAPLES FL

Zip

Country

Zip

Country

34108

USA

34108

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0470705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAERBER, NELSON A JR
2335 NORTH TAMiami TRAIL
SUITE 505
NAPLES FL 33940

Name

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

City

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.

SIGNATURE

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)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **NEUMANN, ALEXANDER**
STREET ADDRESS **1886 SEVILLER**
CITY-ST-ZIP **NAPLES FL**

TITLE **P** ☒ Change ☐ Addition
NAME **NEUMANN, ALEXANDER**
STREET ADDRESS **878 109TH AVE. N. STE #1**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **VPS** ☐ Delete
NAME **NEUMANN, MARGARET**
STREET ADDRESS **1886 SEVILLER BLVD**
CITY-ST-ZIP **NAPLES FL**

TITLE **VPS** ☒ Change ☐ Addition
NAME **NEUMANN, MARGARET**
STREET ADDRESS **878 109TH AVE. N. STE #1**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)