Principal Place of Budiness Multicy Address SX SV 151 TER STE UR	2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000019333 1. Entity Name STUBBEST CATERING, INC.					FILED May 01, 2000 8:00 am Secretary of State 05-01-2000 90407 043 ***150.00			
37:100 Diff 162 2: "Principal Place of Business 3. Maing Acoress Suite Act # etc Date: Api # etc Club & State Date: Api # etc Club & State Club & State Club & State Club & State Record Regulations Club & State Club & State Club & State StuBBSS, CARPOL B JR Pageted For StuBBSS, CARPOL B JR StuBBSS, CARPOL B JR Glub & StuBESS, CARPOL B JR StuBBSS, CARPOL B JR StuBBSS, CARPOL B JR Pageted to the stuB to the st	Principal Plac	ce of Business	Mailing Address						
Suite. April 4: vic. Suite. April 4: vic. UD NOT Write N THIS SPACE Chy & Slave City & Slave City & Slave A EFEI Number 6 50480731 Applied for Text Applied	STE 102		STE 102						
City & State 4. FEI Numbur Appelled Tor_Inst Appleted Tor_I	2. Principal Place of Business		3. Mailing Address						
Zip Country Zip Country S. Centification of Stutta Desired St. 98, 75, Additional Field Propulsed Zip Country S. Centification of Stutta Desired St. 28, 75, Additional Field Propulsed St. 28, 75, Additional Field Propulsed StUBBS, CARROL B JR Got SW 14 CT DEEFFIELD BEACH FL 33441 Name Name Streat Address of New Registrance Agent City FL Zip Code City FL Zip Code 8. The above regeneration of the stream of the purpose of changing its registranced office or registranced agent, or both, in the State of Portita. State Address of New Registrance Agent SIGNATURE The above regeneration of studies to basis of the stream of agent and the astream of the transmitted of the astream of the stream of the stream of Portita. Image Stream Address of New Registrance Agent SIGNATURE The above regeneration of studies to basis. Port Employment and adjects to data. Port Employment and adjects to data. Image Stream of the stream	Suite, Apt. #, etc.		Suite, Apt. #, etc.						
	City & State		City & State		4.	FEI Number 65-0480731			le
STUBBS, CARROL B JR 600 SW 14 CT DEERFIELD BEACH FL 33441 Nume Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) City FL City FL Street Address (PO. Box Number is Not Acceptable) City FL Street Address (PO. Box Number is Not Acceptable) City FL Street Address (PO. Box Number is Not Acceptable) Street Addres	Zip	Country	Zip	Country	5.	Certificate of Status Desired			
600 SW 14 CT DEERFIELD BEACH FL 33441 City FL Zip Code 6. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SiCMATURE City FL Zip Code 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Dott Dott SiCMATURE FLE NOW!!! FEE IS \$150.00 Mate Chart Physics to Department of Site on the statement and elects to do so. Diff. Ingreson Agent statement and elects to do so. Diff. Ingreson Agent statement and elects to do so. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11 Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Added to Fees 11. OFFICERS AND DIRECTORS 12.		6. Name and Address of Current R	egistered Agent	Name		Name and Address of New Re	egistered Agent		\neg
DEERFFELD BEACH FL 33441 City FL Zip Code 8. The above named onity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DMT SIGNATURE The above named onity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DMT SIGNATURE The compound is eligible to stately its intangible (See criteria on back) PLE NOW III FEE IS \$150.00 Make Check Payable to Department of State (See criteria on back) DMT Added to Fees 11. OFFICERS AND DIFFECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 Added to Fees 11. OFFICERS AND DIFFECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 Drange Addedito 11. OFFICERS AND DIFFECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 Drange Addedito 11. OFFICERS AND DIFFECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 Drange Addedito 11. OFFICERS AND DIFFECTORS 12 Addedito Fees Drange Addedito 11. D DEERFIELD BEACH FL 33441 Dran				Street	Address (P.O. E	Box Number is Not Acceptable)			-
SIGNATURE Signame, speed or emode name of registered ages and life 4 application. (NOTE: Registered Agert Egnation recurred whom remetancy) DATE 9. This correctation is eligible to satisfy its Intang bin Tax fing: requirement and elects to do on Giste outries on back/ THE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Checker Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Store of the satisfy its Intang bin Store Truine on back/ TIME OFFICERS AND DIFECTORS 12. ADDITIONS/CHANGES TO DEFICIENT AND DIFECTORS IN 11 Intel Department of State Intel Construction C				City			FL Zip	Code	
Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE D Iff. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NMME STUBBS, CARROL B Iff. MME Iff. Iff. Iff. NMME STUBBS, CARROL B Iff. Iff. MME Iff. Iff. Iff. Iff. DEERFIELD BEACH FL 33441 Iff. I	9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!	!! FEE IS \$150).00	10. Election Campaign Fina	ancing		_
TITLE D Change Addition NMME STUBBS, CARROL B ITTLE									
TITLE D Delete TITLE Change Addition NAME STUBBS, CHEYENNE C NAME STREET ADDRESS Change Addition STREET ADDRESS 600 SW 14 CT STREET ADDRESS STREET ADDRESS Change Addition GUY-ST-2P DEEERFIELD BEACH FL 33441 D1*-ST-2P Change Addition ITTLE D DEEERFIELD BEACH FL 33441 D1*-ST-2P Change Addition STREET ADDRESS 441 NW 2ND WAY STREET ADDRESS Change Addition STREET ADDRESS 441 NW 2ND WAY STREET ADDRESS Change Addition UT*-ST-2P DEEERFIELD BCH FL Change Addition Change Addition NAME STREET ADDRESS 511 SW 11 ST Change Addition NAME STREET ADDRESS Change Addition OT*-ST-2P DEEERFIELD BCH FL Change Int.E Change Addition NAME STREET ADDRESS GOW SW 14TH CT Change Addition City-ST-2P DEEERFIELD BCH FL City-ST-2P Change Addition TITE	TITLE NAME STREET ADDRESS	D STUBBS, CARROL B 600 SW 14 CT		TITLE NAME STREET ADDRESS		DDITIONS/CHANGES TO OFFI			SR2E034 (9/99)
NAME STUBBS, SALLY L NAME STREET ADDRESS 441 NW 2ND WAY STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH FL CITY-ST-ZIP TITLE D Delete NAME BUTLER, FRANCINA NAME STREET ADDRESS 511 SW 11 ST CITY-ST-ZIP DEERFIELD BCH FL CITY-ST-ZIP TITLE D Delete NAME STREET ADDRESS 511 SW 11 ST CITY-ST-ZIP DEERFIELD BCH FL CITY-ST-ZIP TITLE D Delete TITLE NAME STUBBS, JARED K NAME STREET ADDRESS 600 SW 14TH CT STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH FL Change Addition NAME STUBBS, JARED K NAME STREET ADDRESS GOD SW 14TH CT STREET ADDRESS GOD SW 14TH CT Change Addition NAME STUBBS, CANONICA L MAME STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE Change Addition NAME STUBBS, CANONICA L STREET ADDRESS CITY-ST-ZIP Change Addition TITLE D STREET ADDRESS GOD SW 14TH CT Change Addition <t< td=""><td>NAME STREET ADDRESS</td><td>D STUBBS, CHEYENNE C 600 SW 14 CT</td><td>Delete</td><td>NAME STREET ADDRESS</td><td>5</td><td></td><td> Cha</td><td>ange 🗌 Additio</td><td>л В В В В В</td></t<>	NAME STREET ADDRESS	D STUBBS, CHEYENNE C 600 SW 14 CT	Delete	NAME STREET ADDRESS	5		Cha	ange 🗌 Additio	л В В В В В
NAME BUTLER, FRANCINA NAME STREET ADDRESS 511 SW 11 ST STREET ADDRESS CITY-SI-ZIP DEERFIELD BCH FL CITY-ST-ZIP TITLE D Delete NAME STUBBS, JARED K STREET ADDRESS 600 SW 14TH CT CITY-SI-ZIP DEERFIELD BCH FL TITLE NAME STREET ADDRESS 600 SW 14TH CT CITY-SI-ZIP DEERFIELD BCH FL CITY-SI-ZIP DEERFIELD BCH FL CITY-SI-ZIP DEERFIELD BCH FL CITY-SI-ZIP CITY-SI-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	NAME STREET ADDRESS	STUBBS, SALLY L 441 NW 2ND WAY	Delete	NAME STREET ADDRESS	5		Cha	ange 🗌 Additio	,n
NAME STUBBS, JARED K NAME STREET ADDRESS 600 SW 14TH CT STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH FL CITY-ST-ZIP TITLE D Delete TITLE NAME STUBBS, CANONICA L Delete TITLE STREET ADDRESS 600 SW 14TH CT Change Addition NAME STUBBS, CANONICA L NAME STREET ADDRESS CITY-ST-ZIP ITTLE D Delete TITLE Change Addition NAME STUBBS, CANONICA L STREET ADDRESS CITY-ST-ZIP Change Addition STREET ADDRESS 600 SW 14TH CT Clange Idelete NAME STREET ADDRESS 600 SW 14TH CT CITY-ST-ZIP CITY-ST-ZIP Clange Idelete 13. 1 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 attachmen	NAME STREET ADDRESS	BUTLER, FRANCINA 511 SW 11 ST	Delete	NAME STREET ADDRESS	5		Cha	ange 🗌 Additio	Π
TITLE D Delete TITLE Change Addition NAME STUBBS, CANONICA L ITTLE ITTLE Addition STREET ADDRESS 600 SW 14TH CT STREET ADDRESS ITTLE Ittle Ittle Ittle Addition 13. 1 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.	NAME Street address	STUBBS, JARED K 600 SW 14TH CT	Delete	NAME STREET ADDRESS	5		Ch:	ange 🗌 Additio	אן
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.	NAME STREET ADDRESS	D STUBBS, CANONICA L 600 SW 14TH CT	Delete	NAME STREET ADDRESS	5		Chi	ange 🔲 Additio	'n
SIGNATURE:	indicated of the col	certify that the information supplied with the don this report or supplemental report is to reportation or the receiver or trustee empower, or on an attachment with an address, with CURE:	rue and accurate and that r vered to execute this report th all other like emowered	ny signature shall as required by C	I have the same	e legal effect as if made under o	ath; that I am an o appears in Block	fficer or director 11 or Block 12 it	' ſ