

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90170 007 ***150.00

DOCUMENT # P94000019333

1. Entity Name
STUBBEST CATERING, INC.



Principal Place of Business
**286 SW 1ST TER
STE 102
DEERFIELD BEACH FL 33441**

Mailing Address
**286 SW 1ST TER
STE 102
DEERFIELD BEACH FL 33441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0480731**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STUBBS, CARROL B JR
600 SW 14 CT
DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **STUBBS, CARROL B**
STREET ADDRESS **600 SW 14 CT**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **D** ☐ Delete
NAME **STUBBS, CHEYENNE C**
STREET ADDRESS **600 SW 14 CT**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **D** ☐ Delete
NAME **STUBBS, SALLY L**
STREET ADDRESS **441 NW 2ND WAY**
CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE **D** ☐ Delete
NAME **BUTLER, FRANCINA**
STREET ADDRESS **511 SW 11 ST**
CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE **D** ☐ Delete
NAME **STUBBS, JARED K**
STREET ADDRESS **600 SW 14TH CT**
CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE **D** ☐ Delete
NAME **STUBBS, CANONICA L**
STREET ADDRESS **600 SW 14TH CT**
CITY-ST-ZIP **DEERFIELD BCH FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stubbs, Carrol B Jr

Date

Daytime Phone #

CR2E034 (10/02)