

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034564

1. Entity Name
SUE'S KITCHEN KORNER, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90121 022 ***150.00

Principal Place of Business
**5053 WATERSIDE DR
PORT RICHEY FL 34668
US**

Mailing Address
**5053 WATERSIDE DR
PORT RICHEY FL 34668
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
International MKT Place

3. Mailing Address
Suite, Apt. #, etc.

City & State
Auburndale, FL

City & State
City & State

4. FEI Number **59-3243917**

Applied For
Not Applicable

Zip
34668

Country
FL

Zip
Zip

Country
Country

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

**BLOCK, SUSAN
5053 WATERSIDE D
PORT RICHEY FL 34668**

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 **Susan Block Pres** DATE **4-25-2001**
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BLOCK, SUSAN 5053 WATERSIDE DR PORT RICHEY FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **Susan Block Pres** DATE **4-25-2001** (727) 815-9245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)