

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040321

1. Entity Name
CHEF'S MARKET II, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91320 011 ***150.00

Principal Place of Business
**3216 HENDRICKS AVE.
JACKSONVILLE FL 32207**

Mailing Address
**P.O. BOX 48310
JACKSONVILLE FL 32247-8310
US**

2. Principal Place of Business
4520 SAN JUAN AVE

3. Mailing Address
**SAME AS
PLACE OF BUS.**

City & State
JAX FL

City & State
JAX FL

Zip
32210

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3258804**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**CRAWFORD, JOHN R
225 WATER ST.
SUITE 900
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent
Name **TRAVIS Holloway**
Street Address (P.O. Box Number is Not Acceptable)
700 N. INOIGO TERRACE
City **JAX** FL Zip Code **32259**

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 OWNER DATE **4-30-01**
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		
TITLE	<input checked="" type="checkbox"/> Delete	
NAME	BISTRICKY, JOHN J JR.	
STREET ADDRESS	240 AIA N	
CITY-ST-ZIP	PONTE VEDRA FL	
TITLE	<input type="checkbox"/> Delete	
NAME	HOLLOWAY, TRAVIS A	
STREET ADDRESS	240 AIA N	
CITY-ST-ZIP	PONTE VEDRA FL	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIRECTOR	
STREET ADDRESS	TRAVIS A Holloway	
CITY-ST-ZIP	4520 SAN JUAN AVE	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAX FL 32210	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: DATE **4-30-01** DAYTIME PHONE # **9043871700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)