

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90285 037 \*\*\*500.00

0456035 AV

**DOCUMENT # P94000071178**

1. Entity Name  
**GOURMET STAFFING, INC.**



Principal Place of Business  
**3701 W GRACE ST  
TAMPA FL 33607**

Mailing Address  
**3701 W GRACE ST  
TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

**2322 W. CYPRESS ST**

**2322 W. CYPRESS ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA FL**

City & State

**TAMPA FL**

Zip

**33609**

Country

**HILLS.**

Zip

**33609**

Country

**HILLS**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3270073**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
~Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, STEVEN A  
3701 W GRACE ST  
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name **GONZALEZ STEVEN A.**

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

**2322 W. CYPRESS ST.**

City **TAMPA**

**FL**

Zip Code **33609**

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

*Steven A. Gonzalez Pres*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/25/03**

**FILE NOW!!! FEE IS \$550.00**  
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          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>GONZALEZ, STEVEN A</b>     |                                 |
| STREET ADDRESS | <b>4924 BAY WAY PL WEST</b>   |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL 33629</b>         |                                 |
| TITLE          | <b>S</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>GUGGINO, CAROL</b>         |                                 |
| STREET ADDRESS | <b>3911 SAN MIGUEL STREET</b> |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL 33607</b>         |                                 |
| 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    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

11. 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 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    |  |   |
| 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    |  |   |

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:

*Steven A. Gonzalez Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/25/03**

CP2E034 (10/02)