

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90128 049 ***150.00

DOCUMENT # P96000042108

1. Entity Name
MRS. O'S KITCHEN, INC.

Principal Place of Business
**6328-B SUGAR BUSH LANE
FT. MYERS FL 33908**

Mailing Address
**6328-B SUGAR BUSH LANE
FT. MYERS FL 33908**

2. Principal Place of Business
430 S. E. 21 Ave.
Suite, Apt. #, etc.

3. Mailing Address
430 S. E. 21 Ave.
Suite, Apt. #, etc.

City & State
Cape Coral, FL
Zip
33990

Country
Lee

City & State
Cape Coral, FL
Zip
33990

Country
Lee

4. FEI Number **65-0680294**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OLSEN, CHRISTINE A
6328-B SUGAR BUSH LANE
FT. MYERS FL 33908**

7. Name and Address of New Registered Agent

Name

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

City

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

Christine A Olsen

4/18/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTV
OLSEN, CHRISTINE A
6328-B SUGAR BLUSH LN
FT MYERS FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VT
OLSEN, RONALD T
6328-B SUGAR BLUSH LN
FT MYERS FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
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CITY - ST - ZIP
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☐ Change ☐ 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:

Christine A Olsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

(941) 242-2300

CHRISTINE A. OLSEN

Date

Daytime Phone #

CR2E034 (10/00)