

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90108 025 \*\*\*150.00

**DOCUMENT # P96000044881**

1. Entity Name

**KUCHENBUCH, INC.**

Principal Place of Business

**1575 MAGUIRE RD  
OCOE FL 34761  
US**

Mailing Address

**1575 MAGUIRE RD  
OCOE FL 34761  
US**

2. Principal Place of Business

**915 W. Montrose St.**

Suite, Apt. #, etc.

3. Mailing Address

**915 W. Montrose St.**

Suite, Apt. #, etc.

City & State

**Clermont, FL**

Zip

**34711**

Country

**USA**

City & State

**Clermont, FL**

Zip

**34711**

Country

**USA**

4. FEI Number

**59-3411697**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~LE COOKIN' B~~  
~~1575 MAGUIRE ROAD~~  
~~OCOE FL 34761~~

**Francis Kuchenbuch  
915 W. Montrose St.  
Clermont, FL 34711**

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.

SIGNATURE

(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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KUCHENBUCH, FRANCIS</b>	
STREET ADDRESS	<b>LES MARTINES</b>	
CITY-ST-ZIP	<b>87200 ST JUNIEN FRANCE</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KUCHENBUCH, ARMELLE</b>	
STREET ADDRESS	<b>LES MARTINES</b>	
CITY-ST-ZIP	<b>87200 ST JUNIEN FRANCE</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		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**SIGN  
& DATE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption state 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President 3/16/01 3522426676**

Date

Daytime Phone #

CR2E034 (10/00)