

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027651

1. Entity Name

GABBY'S KITCHENS, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90004 013 ***150.00

Principal Place of Business

Mailing Address

5963- 13 ST NO
ST PETERSBURG FL 33703
US

5963- 13 ST NO
ST PETERSBURG FL 33703-1009
US

2. Principal Place of Business

3. Mailing Address

6774-78 Ave. No.

6774-78 Ave. No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pinellas Park, FL

City & State

Pinellas Park, FL

Zip

Country

33781 Pinellas

Zip

Country

33781 Pinellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Corporation Service Company

1/12/2000

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	IVORY, CHARLES E	
STREET ADDRESS	5963 13TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	IVORY, KAREN G	
STREET ADDRESS	5963 13TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVORY, CHARLES E.	
STREET ADDRESS	6774-78 Ave. No.	
CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVORY, KAREN G.	
STREET ADDRESS	6774-78 Ave. No.	
CITY-ST-ZIP	Pinellas Park, FL 33781	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000

Date

Daytime Phone #

(727) 403-9221

CR2E034 (9/99)