

DOCUMENT # P97000029743

1. Entity Name  
JOHN MICHAEL CATERING, INC.

Principal Place of Business

416 N FERNCREEK AVENUE  
A  
ORLANDO FL 32803  
US

Mailing Address

P.O. BOX 1448  
ORLANDO FL 32802  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90013 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3442919

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, MICHAEL  
108 HILL AVENUE  
ORLANDO FL 32801

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 Michael Thomas, president 1/4/01

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	DPT	<input type="checkbox"/> Delete
NAME	THOMAS, MICHAEL	
STREET ADDRESS	P.O. BOX 1448	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIAMS, CARMA B	
STREET ADDRESS	108 HILL AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCINTYRE, TODD	
STREET ADDRESS	7453 DANIEL WEBSTER DRIVE, #D	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JALAL, CRYSTAL	
STREET ADDRESS	7904 PINE CROSSINGS CIR, #812	
CITY-ST-ZIP	ORLANDO FL 32825	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	108 Hill Avenue	
CITY-ST-ZIP	Orlando FL 32801	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	110 B Hill Avenue	
CITY-ST-ZIP	Orlando FL 32801	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	709 33rd Street	
CITY-ST-ZIP	Orlando FL 32805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Baskoff	
STREET ADDRESS	110 B Hill Avenue	
CITY-ST-ZIP	Orlando FL 32801	
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: Michael Thomas, president 1/4/01 407.894.6671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)