

2001 UNIFORM BUSINESS REPORT (UBR)

Big 2

UIC 104 AI

DOCUMENT # P97000041419
 1. Entity Name
A CATERER'S TOUCH, ... +, INC.

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 OCT -3 PM 4: 24



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**795 BLANDING BLVD
 SUITE 8
 ORANGE PARK FL 32065
 US**

Mailing Address
**795 BLANDING BLVD
 SUITE 8
 ORANGE PARK FL 32065
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **59-3451098**
 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**BLEVINS, HOWARD P JR
 2023 CANYON RIM PLACE
 MIDDLEBURG FL 32068**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	BLEVINS, HOWARD P JR	
STREET ADDRESS	2023 CANYON RIM PLACE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARRAS, WILLIAM	
STREET ADDRESS	2035 CALUSO TRAILS	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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*****150.00*****

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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 or other like empowered.

SIGNATURE: HOWARD P BLEVINS JR 9-25-01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (5/01)

9-25-01
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To Department of State.

To whom it may concern

Last may we had not received
our Business Report. when I called
I WAS TOLD it would be sent
out later this year. I did not
receive my bill 9-25-01. I
call today, I WAS TOLD, to a
writer stating that and sent
A check for \$150.00. OK # 2937.

Thank you
President
Howard A. Steinhilber SR
Hon OWA