

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90167 048 ***150.00

DOCUMENT # P97000064556

1. Entity Name
TASTE OF THAI, INC.

Principal Place of Business

**4317 UNIVERSITY BLVD S
 JACKSONVILLE FL 32216**

Mailing Address

**P O BOX 16952
 JACKSONVILLE FL 32245-6952**

2. Principal Place of Business

3. Mailing Address

4317 University Blvd.

Suite, Apt. #, etc.

Suite Apt. #, etc.

City & State

City & State

Jacksonville

4. FEI Number **59-3462884**

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

32216

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BANDITCHANTURAKIT, SUECHINDA
 4317 UNIVERSITY BLVD S
 JACKSONVILLE FL 32216**

Name **Suchinda Grant**

Street Address (P.O. Box Number is Not Acceptable)
4317 University Blvd. S.

City **Jacksonville**

FL

Zip Code **32216**

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 **Suchinda Grant President**

11/21/02

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, 2002 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 **DPT**
 NAME **BANDITCHANTURAKIT, SUECHINDA**
 STREET ADDRESS **9765 S BROOD DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **DPT**
 NAME **GRAM, SUCHINDA**
 STREET ADDRESS **13773 Sea Hawk St.**
 CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE **DV**
 NAME **SELLAS, AURATHAI**
 STREET ADDRESS **12250 ATLANTIC BLVD #2405**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **DPT**
 NAME **GRAM, SUCHINDA**
 STREET ADDRESS **13773 Sea Hawk St.**
 CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE **DS**
 NAME **VORACHACK, SENG**
 STREET ADDRESS **10754 HAPPY VALE DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **DPT**
 NAME **GRAM, SUCHINDA**
 STREET ADDRESS **13773 Sea Hawk St.**
 CITY-ST-ZIP **Jacksonville, FL 32224**

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 STREET ADDRESS **13773 Sea Hawk St.**
 CITY-ST-ZIP **Jacksonville, FL 32224**

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: **Suchinda Grant President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/02 (904) 737-9009

Date Daytime Phone #

CR2E034 (9/01)

Book 9409 Pg 2052

Attachment 918463
Doc# P97 000064556

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

Bk: 9409
Pg: 2052
Doc# 99226613
Filed & Recorded
09/09/99
03:52:51 P.M.
HENRY W. COOK
CLERK CIRCUIT COURT
DUVAL COUNTY, FL
REC. .00

1999-04148
(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) DAVID JON GRANT			2. DATE OF BIRTH (Month, Day, Year) 8/16/1968		
3a. RESIDENCE - CITY, TOWN, OR LOCATION JACKSONVILLE		3b. COUNTY DUVAL		3c. STATE FLORIDA	
5a. BRIDE'S NAME (First, Middle, Last) SUCHINDA BANDITCHANTURAKIT			5b. MAIDEN SURNAME (If different)		
7a. RESIDENCE - CITY, TOWN, OR LOCATION JACKSONVILLE		7b. COUNTY DUVAL		7c. STATE FLORIDA	
			6. DATE OF BIRTH (Month, Day, Year) 4/02/1968		
			8. BIRTHPLACE (State or Foreign Country) THAILAND		

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name, using black ink) <i>David Jon Grant</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 08/12/1999	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Henry W. Cook</i>	
13. SIGNATURE OF BRIDE (Sign full name, using black ink) <i>Suchinda Banditchanturakit</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 08/12/1999	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Henry W. Cook</i>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE DUVAL BEACHES		18. DATE LICENSE ISSUED 08/12/1999		18a. DATE LICENSE EFFECTIVE 08/16/1999		19. EXPIRATION DATE 10/16/1999	
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Henry W. Cook</i>				20b. TITLE Clerk of the Circuit Court		20c. BY D.C. <i>[Signature]</i>	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 9-5-99		22. CITY, TOWN, OR LOCATION OF MARRIAGE Jacksonville, Florida	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Bishop William J. Oldking</i>		23c. ADDRESS (Of person performing ceremony) PO-Box 24232, Jacksonville, FL 32241	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Bishop William J. Oldking Anglican Bishop		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	26. SOCIAL SECURITY NUMBER 265770741	27. RACE ASIAN	28. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c		
				29a. NO. OF THIS MARRIAGE 01	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)
BRIDE	30. SOCIAL SECURITY NUMBER 140908873	31. RACE ASIAN	32. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c		
				33a. NO. OF THIS MARRIAGE 01	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)