

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90506 033 ***150.00

DOCUMENT # P97000083267

1. Entity Name
YUMMY CORP.



Principal Place of Business
7600 BLIND PASS RD
ST. PETE BEACH FL 33706
US

Mailing Address
7600 BLIND PASS RD
ST. PETE BEACH FL 33706
US

2. Principal Place of Business

7618 Blind Pass Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Pete Beach FL

City & State

St. Pete Beach FL

Zip

33706

Country

USA

Zip

33706

Country

USA

4. FEI Number

54-3490651

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BUNS, FRED
6650 SUNSET WAY
SUITE 401
ST PETE BCH FL 33706

7. Name and Address of New Registered Agent

Name

BUNS, FRED

Street Address (P.O. Box Number is Not Acceptable)

101 59 AVE

City

St. Pete Beach

FL

Zip Code

33706

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BUNS, FRED
6650 SUNSET WAY, STE 401
ST. PETE BEACH FL 33706

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BUNS-BERGERMAN, ETHEL
101 59 AVE
ST PETE BCH FL 33706

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BUNS, FRED
101 59 AVE
ST. PETE BCH FL 33706

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/03

727-367-2941

CR2E034 (10/02)