

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 05, 2001 8:00 am
Secretary of State

05-10-2001 90151 001 ***150.00

DOCUMENT # P97000097197

1. Entity Name
GOURMET GARDENING, INC.

Principal Place of Business 2701 70TH ST SW NAPLES FL 34105	Mailing Address 2701 70TH ST SW NAPLES FL 34105
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2. Principal Place of Business 2652 GRAND PALM DR.	3. Mailing Address 2652 GRAND PALM DR.
Suite, Apt. #, etc. 104	Suite, Apt. #, etc. 104
City & State NAPLES FL	City & State NAPLES FL
Zip 34105	Zip 34105
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0795502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VILLANI, LINDA 2701 70TH ST SW NAPLES FL 34105	7. Name and Address of New Registered Agent Name 2652 GRAND PALM DR. VILLANI, LINDA Street Address (P.O. Box Number is Not Acceptable) 2652 GRAND PALM DR. City NAPLES FL Zip Code 34105
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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 *[Signature]* DATE **4-27-01**

Signature typed or printed name of registered agent and title if applicable. (NO E-Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VILLANI, LINDA L 2701 70TH ST SW NAPLES FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VILLANI, LINDA 2652 GRAND PALM DR. NAPLES FL 34105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE *[Signature]* **5-25-01 941-596-9189**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)