

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90740 035 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000097264

1. Entity Name
CREATIVE CUISINE & WINE, INC.



90123016

Principal Place of Business
11 SUNSET DRIVE
103
SARASOTA, FL 34236

Mailing Address
11 SUNSET DRIVE
103
SARASOTA, FL 34236

2. Principal Place of Business
16038 Chaparral Ave
Suite, Apt. #, etc.

3. Mailing Address
16038 Chaparral Ave
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Sarasota, FL
Zip
34243
Country
USA

City & State
Sarasota, FL
Zip
34243
Country
USA

4. FEI Number
65-0792697
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DECARLE, ARTHUR M
11 SUNSET DRIVE 103
SARASOTA, FL 34206

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

SIGNATURE *[Signature]* DATE *4/21/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when appointing)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DECARLE, ARTHUR M		NAME		
STREET ADDRESS	11 SUNSET DRIVE 103		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DECARLE, JENNIFER		NAME		
STREET ADDRESS	11 SUNSET DRIVE 103		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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]* DATE *4/21/03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)