

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91332 009 ***150.00

DOCUMENT # P97000104976

1. Entity Name
FLAVORS, COOKSHACK & CATERING, INC.

Principal Place of Business
2150 TAMiami TRAIL UNIT 25
PORT CHARLOTTE FL 33948

Mailing Address
2150 TAMiami TRAIL UNIT 25
PORT CHARLOTTE FL 33948

00053742



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13477 Irwin DR
 Suite, Apt. #, etc.

3. Mailing Address
13477 Irwin Drive
 Suite, Apt. #, etc.

City & State
PORT CHARLOTTE, FL
 Zip
33953 Country
CHARLOTTE

City & State
PORT CHARLOTTE FL
 Zip
33953 Country
CHARLOTTE

4. FEI Number **65-0797062**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

OSBORNE, SUSAN M
111 CASTLE COURT
PUNTA GORDA FL 33983

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
13477 Irwin Drive
 City **PORT CHARLOTTE** **FL** Zip Code **33953**

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 *Susan Osborne* DATE 5/1/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	D <input type="checkbox"/> Delete
NAME	OSBORNE, SUSAN M
STREET ADDRESS	111 CASTLE COURT
CITY-ST-ZIP	PUNTA GORDA FL 33983
TITLE	D <input type="checkbox"/> Delete
NAME	GARRISON, PAMELA S
STREET ADDRESS	121 CASTELO CT
CITY-ST-ZIP	PUNTA GORDA FL 33983
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13477 Irwin Drive
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	15462 Gulf Blvd
CITY-ST-ZIP	#701 MARINA BEACH, FL 33708
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	

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: *Susan Osborne* Date 5/1/01 Daytime Phone # 941-235-2188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)