

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000024851**

1. Entity Name

WE'RE COOKIN', INC.**FILED**
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90128 011 ***150.00

Principal Place of Business

**386 BRIGHTWATERS DRIVE
COCOA BEACH FL 32931**

Mailing Address

**386 BRIGHTWATERS DRIVE
COCOA BEACH FL 32931-3818****907540**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6485 S US Hwy 1

Suite, Apt. #, etc.

3. Mailing Address

6485 S US Hwy 1

Suite, Apt. #, etc.

4. FEI Number **59-3505959**Applied For
Not Applied For5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

City & State

Rockledge FLZip
32955Country
USA

City & State

Rockledge FLZip
32955Country
USA

6. Name and Address of Current Registered Agent

**MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901**

Name

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

City

FL | Zip Code

7. Name and Address of New Registered Agent

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, 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KOLSCH, NORMAN**
STREET ADDRESS **386 BRIGHTWATERS DRIVE**
CITY-ST-ZIP **COCOA BEACH FL 32931**TITLE **D** ☐ Delete
NAME **KOLSCH, MARTHA**
STREET ADDRESS **386 BRIGHTWATERS DRIVE**
CITY-ST-ZIP **COCOA BEACH FL 32931**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Add
NAME
STREET ADDRESS **411 Heathrow Circle**
CITY-ST-ZIP **Rockledge, FL 32955**TITLE ☒ Change ☐ Add
NAME
STREET ADDRESS **411 Heathrow Circle**
CITY-ST-ZIP **Rockledge, FL 32955**TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(321) 751-7200