0	
≘	
Υ.	
₹	
	
ω	
_	
2	

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Sep 06, 2001 8:00 am Secretary of State **DOCUMENT #** P98000078508 1. Entity Name 09-06-2001 90051 002 ***550.00 CHANTAL'S CAFE & CATERING, INC. Principal Place of Business Mailing Address 2571 SE OCEAN BLVD 2571 SE OCEAN BLVD STUART FL 34996 STUART FL 34996 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0863687 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHERLOCK, VIRGINIA P Street Address (P.O. Box Number is Not Acceptable) -1855 S KANNER HWY -STUART FL 31994 -City STUAKET 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (2/01)☑ Delete TITLE ☐ Change TITLE SCHRECK, CHANTELLE 9 E HIGHPOINT ROAD NAME NAME E034 STREET ADDRESS STREET ADDRESS STUART FL 34996 CITY-ST-ZIP CITY-ST-ZIP PRESIDENT TREAS. TITLE Change ☐ Addition TITLE ☐ Delete NAME KUPGZYK, RICHARD NAME STREET ADDRESS 9 E HIGH POINT RD STREET ADDRESS STUART FL 34996 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT SEC. Addition TITLE ☐ Delete TITLE ☐ Change PATTI T. KUPCZYK NAME NAME 9 E MOH POINT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART, CI. TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 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 affact printing in an address with all other like empowered.

vatyne required SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/01

501-286-1988