

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90046 018 ***150.00

DOCUMENT # P98000089943

1. Entity Name
GOURMET ENTREES TO GO OF DESTIN, INC.

Principal Place of Business

**837 HWY 98 EAST
 DESTIN FL 32541**

Mailing Address

**214 DOLPHIN ESTATES CT
 DESTIN FL 32541**

2. Principal Place of Business

3. Mailing Address

P.O. Box 5096

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, FL

Zip

Country

32540

Country

USA

4. FEI Number **59-3552437**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAIR, KEVIN
 214 DOLPHIN ESTATES CT
 DESTIN FL 32541**

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.

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ADAIR, KEVIN	
STREET ADDRESS	214 DOLPHIN EST. COURT	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOBIN, GARY	
STREET ADDRESS	708 LEGION DR. #5	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOBIN, CHARLOTTE	
STREET ADDRESS	708 LEGION DR. #5	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	S	<input type="checkbox"/> Delete
NAME	ADAI, LORI	
STREET ADDRESS	214 DOLPHIN EST. COURT	
CITY-ST-ZIP	DESTIN FL 32541	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gobin, Gary	
STREET ADDRESS	318 Lang Rd.	
CITY-ST-ZIP	Ft. Walton Bch, FL 32547	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gobin, Charlotte	
STREET ADDRESS	318 Lang Rd.	
CITY-ST-ZIP	Ft. Walton Bch, FL 32547	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adair, Lori	
STREET ADDRESS	214 Dolphin Estates Ct.	
CITY-ST-ZIP	Destin, FL 32541	
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:

Charlotte Gobin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/02 850-837-3568

CR2E034 (9/01)