

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

SECRETARY OF STATE

DOCUMENT # P98000091304

1. Entity Name

A LA CARTE AT HOME, INC.

04-02-2002 90050 009 ***150.00

Principal Place of Business

**4001 BENEVA RD
 #407
 SARASOTA FL 34233
 US**

Mailing Address

**4001 BENEVA RD
 #407
 SARASOTA FL 34233
 US**



2. Principal Place of Business

**A LA CARTE AT HOME, INC.
 Suite, Apt. #, etc.
 4001 BENEVA RD. #407
 City & State
 SARASOTA FL**

Mailing Address

**A LA CARTE AT HOME, INC.
 Suite, Apt. #, etc.
 4001 BENEVA RD. #407
 City & State
 SARASOTA FL**

DO NOT WRITE IN THIS SPACE

Zip Country
34233 US

Zip Country
34233 US

4. FEI Number **65-0870540**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KNECHT, BRIAN D
 4001 BENEVA RD
 APT#407
 SARASOTA FL 34233**

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.

SIGNATURE

[Signature]

Brian D. Knecht 3-24-02

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirements 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

TITLE	P	<input type="checkbox"/> Delete
NAME	SIMONS, RUTH	
STREET ADDRESS	4001 BENEVA RD #407	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	TS	<input type="checkbox"/> Delete
NAME	KNECHT, BRIAN D	
STREET ADDRESS	4001 BENEVA RD. #407	
CITY-ST-ZIP	SARASOTA FL 34233	
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 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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-02 944-374-9847

CR2E034 (9/01)