

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90105 021 ***150.00

DOCUMENT # P98000091304

1. Entity Name
A LA CARTE AT HOME, INC.



Principal Place of Business
ALA CARTE AT HOME, INC
4001 BENENA RD #407
SARASOTA FL 34233
US

Mailing Address
ALA CARTE AT HOME, INC
4001 BENENA RD #407
SARASOTA FL 34233
US



2. Principal Place of Business
A LA CARTE AT HOME, Inc.

3. Mailing Address
A LA CARTE AT HOME, Inc.

Suite, Apt. #, etc.
619 W. LAKE DR.

Suite, Apt. #, etc.
619 W. LAKE DR.

City & State
SARASOTA FL.

City & State
SARASOTA FL.

Zip
34232 Country
US

Zip
34232 Country
US

☐ CHECK HERE IF MAKING CHANGES

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
KNECHT, BRIAN D.
Street Address (P.O. Box Number is Not Acceptable)
619 W. LAKE DR.
City
SARASOTA FL Zip Code
34232

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **3-31-03** **Brian D. Knecht** **3-31-03**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMONS, RUTH 619 W. LAKE DR. SARASOTA, FL. 34232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KNECHT, BRIAN D. 619 W. LAKE DR. SARASOTA, FL. 34232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

BRIAN D. KNECHT **3/31/03** **941-924-1365**
Date Daytime Phone # **42429**

CR2E034 (10/02)