

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096430

1. Entity Name
ENGLISH COUNTRY KITCHENS, INC.

Principal Place of Business
1240 E NEWPORT CENTRE DR
DEERFIELD BEACH FL 33442

Mailing Address
1240 E NEWPORT CENTRE DR
DEERFIELD BEACH FL 33442

2. Principal Place of Business
849 NE 78th ST.
Suite, Apt. #, etc.

3. Mailing Address
849 NE 78th ST.
Suite, Apt. #, etc.

City & State
Boca Raton, FL
Zip 33487 Country USA

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Boca Raton, FL
Zip 33487 Country USA

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90271 047 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0879377	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, SANDRA
370 W CAMINO GARDENS BLVD
SUITE 114
BOCA RATON FL 33432

Name	7. Name and Address of New Registered Agent	
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

TITLE PD
NAME PETRUCCI, NICOLA
STREET ADDRESS 849 NE 78TH STREET
CITY-ST-ZIP BOCA RATON FL 33487

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 reports 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

21 April 2002
Daytime Phone # 561-763-0444

CR2E034 (9/01)