


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91866 038 \*\*\*150.00

<b>DOCUMENT #</b> <u>198000096430</u> <b>1. Entity Name</b> <u>ENGLISH COUNTRY KITCHENS, INC.</u>	
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**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> <u>849 NE 78th St.</u> Suite, Apt. #, etc.		<b>3. Mailing Address</b> <u>849 NE 78th St.</u> Suite, Apt. #, etc.	
<b>City &amp; State</b> <u>BOCA RATON, FL</u> <b>Zip</b> <u>33487</u> <b>Country</b> <u>USA</u>	<b>City &amp; State</b> <u>BOCA RATON, FL</u> <b>Zip</b> <u>33487</u> <b>Country</b> <u>USA</u>		

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

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> <u>NICOLA PETRUCCI</u>	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>849 NE 78th STREET</u>	
	<b>City</b> <u>BOCA RATON</u> <b>FL</b> <b>Zip Code</b> <u>33487</u>	

**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:** [Signature]    **DATE:** 30 April 03

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<u>P, T</u>	<u>NICOLA PETRUCCI</u>	<u>849 NE 78th STREET</u>
		<u>BOCA RATON, FL</u>	<u>33487</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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**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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** [Signature]    **DATE:** 30 April 03    **Daytime Phone #** 861 350 0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)