

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102642

1. Entity Name

SUSIE'S CULINARY SECRETS, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90093 006 ***150.00

0057355

Principal Place of Business
1435 HOWELL BRANCH RD. SUITE C
WINTER PARK FL 32789

Mailing Address
1435 HOWELL BRANCH RD. SUITE C
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3546914

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

LANE, AMANDA S
1435 HOWELL BRANCH RD, SUITE C
WINTER PARK FL 32789

married name

Name
Amanda L. Muñoz
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 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, 2001 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 D
NAME GODSEY, SUSAN P
STREET ADDRESS 1789 VIA PALERMO
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME LANE, AMANDA S
STREET ADDRESS P O BOX 1613 N/A
CITY-ST-ZIP WINTER PARK FL 32790 ☐ Delete

TITLE D
NAME Amanda L. Muñoz
STREET ADDRESS P.O. Box 1613
CITY-ST-ZIP Winter Park, FL 32790 ☒ Change ☐ Addition

TITLE VP
NAME GODSEY, JAN M
STREET ADDRESS 1789 VIA PALERMO
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

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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CITY-ST-ZIP ☐ Delete

TITLE
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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 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:

Amanda L. Muñoz

Amanda L. Muñoz

4/25/01

407.628.5982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)