

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000019882**

1. Entity Name

**C & E PHILADELPHIA KITCHEN, INC.****FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90208 021 \*\*\*150.00

Principal Place of Business

Mailing Address

PO BOX 331333  
ATLANTIC BEACH FL 32266PO BOX 331333  
ATLANTIC BEACH FL 32233-1333

2. Principal Place of Business

**2275 Atlantic Blvd.**

3. Mailing Address

**P.O. Box 330108**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Neptune Beach, Florida**City & State  
**Atlantic Beach, Florida**4. FEI Number  
**59-3559810**Applied For  
Not ApplicableZip  
**32266**Country  
**Duval**Zip  
**32233-0108**Country  
**Duval**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****SORRELL, MARY C**  
**2275 ATLANTIC BLVD.**  
**NEPTUNE BEACH FL 32266**

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, 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, 2000 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HIONIDES, CHRIS 2275 ATLANTIC BLVD. NEPTUNE BEACH FL 32266</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

CR2E034 (9/99)