

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041379

1. Entity Name

CYBER CHEF SOLUTIONS, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90065 005 \*\*\*150.00

Principal Place of Business

Mailing Address

8716 TALL PINE LANE  
ORLANDO FL 32825

8716 TALL PINE LANE  
ORLANDO FL 32825-6315

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

59-3586476

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

MCCRACKEN, JOHN B  
505 S. FLAGLER DR., STE. 1100  
W. PALM BEACH FL 33401-3475

Grabusic, Edward  
8716 Tall Pine Lane  
Orlando, FL 32825

Name

Edward Grabusic

Street Address (P.O. Box Number is not Acceptable)

8716 Tall Pine Lane

City

Orlando, FL

FL

Zip Code

32825

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

*Edward J. Grabusic, Jr.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/19/00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
GRABUSIC, EDWARD J JR.  
8716 TALL PINE LANE  
ORLANDO FL 32825

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DVST  
CLAPSADDLE, ALAN  
1438 W. PRINCETON ST.  
ORLANDO FL 32825

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Edward J. Grabusic, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD J. GRABUSIC, JR.

Date

5/1/00

Daytime Phone #

(407) 616-3887

CR2E034 (9/99)