

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 16, 2000 8:00 am
Secretary of State

05-08-2000 90180 040 ***150.00

DOCUMENT # P99000044232

1. Entity Name

CHEZ VOUS ON BLANDING, INC.

Principal Place of Business

Mailing Address

8102 BLANDING BLVD., SUITE 21
 JACKSONVILLE FL 32244

8102 BLANDING BLVD., SUITE 21
 JACKSONVILLE FL 32244-5825

2. Principal Place of Business

3. Mailing Address

Chez Vous on Blanding
 Suite, Apt. #, etc.
8102 Blanding Blvd. #21

8102 Blanding Blvd. #21
 Suite, Apt. #, etc.

City & State

City & State

JAX - Fla.

JAX - Fla.

Zip

Country

Zip

Country

32244

Usa

32244

Usa

4. FEL Number

59357 4664

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

POLK, BONNIE F
8102 BLANDING BLVD., SUITE 21
JACKSONVILLE FL 32244

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]
 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

TITLE ☐ Delete
 NAME *President*
 STREET ADDRESS *Bonnie F. Polk*
 CITY-ST-ZIP *2783 Admiral Walk Dr. E*
Orange Park Fla. 32063

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/20/00

904-177-8999

CR2E034 (9/99)