

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**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.**

*R*

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*

*8102 Blanding Blvd. #21*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*8102 Blanding Blvd. #21*

City & State

City & State

*JAX - Fla.*

*JAX - Fla*

4. FEL Number

*593574664*

Applied For

Not Applicable

Zip

Country

Zip

Country

*32244*

*Usual*

*32244*

*Usual*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
President	Bonnie F. Polk	2783 Admiral Walk Dr. E	Orange Park Fla. 32063	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*

Date

Daytime Phone #

*5/20/00*

*904-777-8999*

CR2E034 (9/99)