

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90013 037 ***550.00

DOCUMENT # P99000057403

1. Entity Name

THE PERSONAL GOURMET, INC.

Principal Place of Business

6303 ROSE RUSH CT.
 BRADENTON FL 34202

Mailing Address

6303 ROSE RUSH CT.
 BRADENTON FL 34202

2. Principal Place of Business

963 Cattlemen Rd.
 Suite, Apt. #, etc.

3. Mailing Address

6303 Rose Rush Ct.
 Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Bradenton, FL

4. FEI Number

50 65-0942283

Applied For

Not Applicable

Zip

34232

Country

U.S.

Zip

34202

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HARRISON, CHAD
 6303 ROSE RUSH CT.
 BRADENTON FL 34202

7. Name and Address of New Registered Agent

Name Chad Harrison

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

6303 Rose Rush Ct.

City

BRADENTON

FL

Zip Code

34202

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

Chad Harrison

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

(NOTE: Registered Agent signature required when reinstating)

9/14/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 President
 NAME Chad Harrison
 STREET ADDRESS 6303 Rose Rush Ct.
 CITY-ST-ZIP Bradenton, FL 34202

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 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:

Chad Harrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/00

Date

(941) 753-2926

Daytime Phone #

CR2E034 (5/00)