

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 90868 035 ***150.00

DOCUMENT # P99000057403

1. Entity Name
THE PERSONAL GOURMET, INC.

Principal Place of Business

**963 CATTLEMEN RD
 SARASOTA FL 34232**

Mailing Address

**6303 ROSE RUSH CT.
 BRADENTON FL 34202**

Changed



2. Principal Place of Business

3. Mailing Address

7223 Garland Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAME

City & State

Bradenton, FL.

Zip

Country

Zip

34202

Country

U.S.

4. FEI Number

65-0942283

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

HARRISON, CHAD

**6303 ROSE RUSH CT.
 BRADENTON FL 34202**

*7223 Garland Lane
 Bradenton, FL 34202*

Name

Chad Harrison

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

7223 GARLAND LANE

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

4/29/02

Signature, typed or printed name of registered agent and file 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, 2002 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 | P | <input type="checkbox"/> Delete |
| NAME | HARRISON, CHAD | |
| STREET ADDRESS | 6303 ROSE RUSH CT | |
| CITY-ST-ZIP | BRADENTON FL 34202 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | HARRISON, PATRICIA | |
| STREET ADDRESS | 6303 ROSE RUSH CT. | |
| CITY-ST-ZIP | BRADENTON FL 34202 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|-----------------------|-----------------------------|--|
| TITLE | Chad Harrison | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 7223 GARLAND LANE | |
| STREET ADDRESS | BRADENTON, FL. 34202 | |
| CITY-ST-ZIP | | |
| TITLE | PATRICIA HARRISON | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 7223 GARLAND LANE | |
| STREET ADDRESS | BRADENTON, FL. 34202 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

SIGNATURE REQUIRED

Chad Harrison

4/29/02

(941) 967-0838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)