

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 30, 2000 8:00 am**
Secretary of State

05-30-2000 90007 039 ***150.00

DOCUMENT # P99000085846

1. Entity Name

HOT STUFF CATERING, INC.

Principal Place of Business

Mailing Address

505 S. PARK AVE.
TITUSVILLE FL 32796**505 S. PARK AVE.**
TITUSVILLE FL 32796-3853

2. Principal Place of Business

3. Mailing Address

505 S. PARK AVE
Suite, Apt. #, etc.
TITUSVILLE
City & State
FLORIDA

Suite, Apt. #, etc.

City & State

Zip
32796

Country

BREVARD

Zip

Country

4. FEI Number

59-3601032

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

SMITH, ROBERT
467 N. DIXIE
TITUSVILLE FL 32796-5101

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 *Robert Smith*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-20009. 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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	PRESIDENT
STREET ADDRESS		STREET ADDRESS	SANDRA L. SMITH
CITY-ST-ZIP		CITY-ST-ZIP	505 S. PARK AVE., TITUSVILLE, FL 32796
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	VICE PRESIDENT, TREASURER
STREET ADDRESS		STREET ADDRESS	ROBERT SMITH
CITY-ST-ZIP		CITY-ST-ZIP	467 N. DIXIE, TITUSVILLE, FL 32796
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Robert Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT SMITH

Date

Daytime Phone #

321-267-1673

CR2E034 (9/99)