## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # P99000089818 May 12, 2000 8:00 am Secretary of State CULINARY CREATIONS FOR YOU, INC. 05-12-2000 90043 022 \*\*\*150.00 Principal Place of Business Mailing Address 1415 S.W. SEAWEED AVENUE 1415 S.W. SEAWEED AVENUE **DUNNELLON FL 34431-2671 DUNNELLON FL 34431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt # etc Applied For City & State City & State Not Applicable \$8.75 Additional Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARSONS, DONALE JR. 1415 S.W. SEAWEED AVENUE **DUNNELLON FL 34431** 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE PARSONS NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP unnellar CITY-ST-ZIP [] Change - Addition TITLE Delete TITLE NAME NAME nie M Ave. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP . Change Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 aftachment with an address, with all other like empowered.

ARSONS IR.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE