

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098886

1. Entity Name
SIX CHEFS, INC.

Principal Place of Business
3728-12 PHILLIPS HWY
JACKSONVILLE FL 32207-6840

Mailing Address
3728-12 PHILLIPS HWY
JACKSONVILLE FL 32207-6840

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3608162

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUZI, VICTOR JR
3728-12 PHILLIPS HWY
JACKSONVILLE FL 32207-6840

7. Name and Address of New Registered Agent

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, 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, 2001 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 PD
NAME MUZI, MARLENE
STREET ADDRESS 1015 SEAHAWK DRIVE
CITY-ST-ZIP PONTE VEDRA FL 32082

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4299 Seabreeze Drive Change Addition
189 Adams Lane
Suite Jacksonville FL 32250

TITLE VD
NAME MUZI, VICTOR JR
STREET ADDRESS 1015 SEAHAWK DRIVE
CITY-ST-ZIP PONTE VEDRA FL 32082

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4279 Seabreeze Drive Change Addition
189 Adams Lane
Suite Jacksonville FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/01

Date

Daytime Phone #

CR2E034 (10/00)