2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90141 047 ***150.00

DOCUMENT # P99000109978

1. Entity Name

SUMMER KITCHEN, INC.

Principal Place of Business	Mailing Address
60 ALLIGATOR COVE SANTA ROSA BEACH FL 32459	60 ALLIGATOR COVE SANTA ROSA BEACH FL 32459

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5 Main St; 10700 E. Hwy 30-A		102 CHRYSLER AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State: Panama City Beach, FL		City & State: Santa Rosa Beach FL	
Zip: 32413	Country: WALTON	Zip: 32459	Country: Walton

4. FEI Number 59-3577357 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUNSER, ALEX H
60 ALLIGATOR COVE
SANTA ROSA BEACH FL 32459

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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D/VP/S/T DUNSER, ALEX H 60 ALLIGATOR COVE SANTA ROSA BEACH FL 32459	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUNSER, ALEX H D/VP/S/T 60 ALLIGATOR COVE SANTA ROSA BCH, FL 32459	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P DILLON, JAMES E 102 CHRYSLER COVE SANTA ROSA BEACH FL 32459	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DILLON, JAMES D/P/ 102 CHRYSLER COVE SANTA ROSA BCH, FL 32459	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Alex H. Dunser Vice President 4/21/00 850 231 2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #