

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
 04-13-2001 90002 038 ***150.00

DOCUMENT # S98129

1. Entity Name
CHICKEN LICKIN, INC.

Principal Place of Business

707 7TH WAY
 W. PALM BEACH FL 33407
 US

Mailing Address

707 7TH WAY
 W. PALM BEACH FL 33407
 US

2. Principal Place of Business

12167 COUNTRY GREENS BLVD.

Suite, Apt. #, etc.

3. Mailing Address

12167 COUNTRY GREENS BLVD.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BEACH FL.

Zip

33437

Country

U.S.A.

City & State

BOYNTON BEACH FL.

Zip

33437

Country

U.S.A.

4. FEI Number **65-0200991**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KLEIMAN, LARRY
707 7TH WAY
W. PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name **KLEIMAN, LARRY**

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

12167 COUNTRY GREENS BLVD.

City

BOYNTON BEACH FL

Zip Code

33437

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

Larry Kleiman

LARRY KLEIMAN P.S.T., D

4/10/01

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

TITLE **PST** ☐ Delete
 NAME **KLEIMAN, LARRY**
 STREET ADDRESS **707 7TH WAY**
 CITY-ST-ZIP **W. PALM BEACH FL 33407**

TITLE **D** ☐ Delete
 NAME **KLEIMAN, LARRY**
 STREET ADDRESS **707 7TH WAY**
 CITY-ST-ZIP **W. PALM BEACH FL 33407**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **12167 COUNTRY GREENS BLVD.**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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TITLE ☐ Change ☐ 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:

Larry Kleiman

LARRY KLEIMAN

4/10/01

561-739-9691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)