

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V66452

1. Entity Name

LET'S COOK, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90053 013 \*\*\*150.00

Principal Place of Business

Mailing Address

LET'S COOK  
153 THE AVENUES MALL  
JACKSONVILLE FL 32256  
US

2293 HAMMOCK OAKS DR N  
JACKSONVILLE FL 32223-0719

2. Principal Place of Business

3. Mailing Address

1068 Orange Park Mall

Suite, Apt. #, etc.

1910 Wells Road

Suite, Apt. #, etc.

City & State

Orange Park, FL

Zip

32073

Country

Clay

Zip

Country

4. FEI Number

59-3153870

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

JANICE DECKARD  
2293 HAMMOCK OAKS DR N  
JACKSONVILLE FL 32223

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, 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	PESEK, WENDY	308 ISLAND VIEW CIR	ORANGE PARK FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
T	DECKARD, LAURIE	2293 HAMMOCK OAKS DR. N.	JACKSONVILLE FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	CROSBY, HOLLY	10138 ARROWHEAD DR E #6	JACKSONVILLE FL	<input type="checkbox"/> Delete		VP	Crosby, Holly	1674 Jung Ct.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	DECKARD, JANICE	2293 HAMMOCK OAKS DRIVE NORTH	JACKSONVILLE FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
S	DECKARD, RONALD	2293 HAMMOCK OAKS DRIVE NORTH	JACKSONVILLE FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Ronald Deckard

Ronald Deckard, Secretary 3-7-00

(904) 260-0023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)