

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90283 041 ***150.00

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DOCUMENT # V66452

1. Entity Name
LET'S COOK, INC.



Principal Place of Business
**1068 ORANGE PARK MALL
1910 WELLS ROAD
ORANGE PARK FL 32073
US**

Mailing Address
**2293 HAMMOCK OAKS DR N
JACKSONVILLE FL 32223**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3153870

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **PESEK, WENDY**
STREET ADDRESS **308 ISLAND VIEW CIR**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **DECKARD, LAURIE**
STREET ADDRESS **2293 HAMMOCK OAKS DR. N.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ Change ☐ Addition
NAME **Laurie Deckard Tankersley**
STREET ADDRESS **5926 N. Hermitage Ave.**
CITY-ST-ZIP **Chicago, Ill. 60660**

TITLE **VP** ☐ Delete
NAME **CROSBY, HOLLY**
STREET ADDRESS **1674 JUNG CT**
CITY-ST-ZIP **NEWTON NC 28658**

TITLE ☒ Change ☐ Addition
NAME **VP Holly Crosby**
STREET ADDRESS **4381 Campbell Rd.**
CITY-ST-ZIP **Snellville, Ga. 30039**

TITLE **P** ☐ Delete
NAME **DECKARD, JANICE**
STREET ADDRESS **2293 HAMMOCK OAKS DRIVE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **DECKARD, RONALD**
STREET ADDRESS **2293 HAMMOCK OAKS DRIVE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JANICE DECKARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03 (904) 260-0023

Date Daytime Phone #

CR2E034 (10/02)