

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90106 003 \*\*\*150.00

**DOCUMENT # 516853**

1. Entity Name  
**KIFFY INC.**



Principal Place of Business  
**979 WEST FAIRBANKS AVENUE  
ORLANDO FL 32804**

Mailing Address  
**979 WEST FAIRBANKS AVENUE  
ORLANDO FL 32804**

20009798



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1697019**

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

**TAYLOR, FLORENE A.  
979 FAIRBANKS AVE  
ORLANDO FL 32804**

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 *Florence Taylor*  
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	TAYLOR, FLORENE A.		
STREET ADDRESS	979 WEST FAIRBANKS AVE		
CITY-ST-ZIP	ORLANDO FL		
SEC	FEEMSTER, SARA ANNE		
STREET ADDRESS	979 FAIRBANKS AVE.		
CITY-ST-ZIP	ORLANDO FL		

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 empowerments.

SIGNATURE: *Florence Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03  
Date  
407-647-1002  
Daytime Phone #

CR2E034 (10/02)