

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **829175**
 1. Entity Name
KIFFER'S, INC.



FILED
AMENDED
 03 DEC 15 PM 1:27

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business
103 2nd AVE, SW
 Suite, Apt. #, etc.

3. Mailing Address
103 2nd AVE, SW
 Suite, Apt. #, etc.

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City & State
CUSKIN, FL

City & State
CUSKIN, FL

Zip
33570 Country
US

Zip
33570 Country
US

4. FEI Number
16-0971152

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
HARRY A. KIFFER

Street Address (P.O. Box Number is Not Acceptable)
1570 W. DEL WEBB BLVD

City
SUN CITY CENTER FL Zip Code
33573

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HARRY A. KIFFER 1570 W. DEL WEBB BLVD SUN CITY CENTER, FL 33570
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	300025182399 12/15/03--01010--011 **\$61.25
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **x Harry A. Kiffer** **12/9/03** **813-645-5325**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)