

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90043 008 ***150.00

DOCUMENT # L83385

1. Entity Name

A NEW DESIGN FOR KITCHENS AND BATH, INC.

Principal Place of Business

Mailing Address

C/O PATRICK E. COLLINS
 5460 37TH AVENUE NORTH
 ST. PETERSBURG FL 33710

C/O PATRICK E. COLLINS
 5460 37TH AVENUE NORTH
 ST. PETERSBURG FL 33710-2025

00041103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3015030

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COLLINS, PATRICK E.
5460 37TH AVENUE NORTH
ST. PETERSBURG FL 33710

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
	D									
TITLE	COLLINS, PATRICK E.	5460 37TH AVENUE NO.	ST. PETERSBURG FL	<input type="checkbox"/> Delete	TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME					NAME					
STREET ADDRESS					STREET ADDRESS					
CITY-ST-ZIP					CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Delete	TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME					NAME					
STREET ADDRESS					STREET ADDRESS					
CITY-ST-ZIP					CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Delete	TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME					NAME					
STREET ADDRESS					STREET ADDRESS					
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NAME					NAME					
STREET ADDRESS					STREET ADDRESS					
CITY-ST-ZIP					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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick E. Collins

Date

Daytime Phone #

3-15-00 397-4076