

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90102 036 ***150.00

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

DOCUMENT # **P99 0000 52723**
 1. Entity Name
Kicks & Thredz, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6203-C W SAND LAKE RD
 Suite, Apt. #, etc.

3. Mailing Address
6203-C W SAND LAKE RD
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **ORLANDO FL** City & State **ORLANDO FL** 4. FEI Number **59-3581881** Applied For
 Not Applicable
 Zip **32819** Country **USA** Zip **32819** Country **USA** 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name **JOSEPHS, KURT A**
 Street Address (P.O. Box Number is Not Acceptable)
6203-C W SAND LAKE RD
 City **ORLANDO** FL Zip Code **32819**

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	POB JOSEPHS, KURT A 6203-C W SAND LAKE RD ORLANDO FL 32819	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JOSEPHS, ELEANOR 6203-C W SAND LAKE RD ORLANDO FL 32819	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **E. Josephs** **4/30/02 407-363-1427**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034B (12/01)