

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90049 041 ***150.00

DOCUMENT # P99000093738
 1. Entity Name
Kitchen Traditions, Inc.

Principal Place of Business Mailing Address
3461 Harbour Dr SAME
Mount Dora, FL 32757

2. Principal Place of Business 3. Mailing Address
3461 Harbour Dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Mount Dora, FL
 Zip Country Zip Country
32757 LAKE

4. FEI Number Applied For
59-3605996 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

770260

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Mark Temares
3461 Harbour Dr.
Mt. Dora, Fla 32757

7. Name and Address of New Registered Agent
 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 _____ DATE _____
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Pres.</u> <u>Mark Temares</u> <u>3461 Harbour Dr</u> <u>Mt Dora FL 32757</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treas.</u> <u>Mark Temares</u> <u>3461 Harbour Dr</u> <u>Mt. Dora, FL 32757</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sec.</u> <u>Mark Temares</u> <u>3461 Harbour Dr</u> <u>Mt. Dora, FL 32757</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Mark A. Temares 4/30/01 352 383-5181
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/1/00)