

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Ch#

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90071 046 \*\*\*150.00

**DOCUMENT # 527817**

1. Entity Name  
**KIRK SALES, INC.**



Principal Place of Business  
**6430 MAIN STREET**  
~~P O BOX 728~~  
**NEW PORT RICHEY FL 34653**

Mailing Address  
~~6430 MAIN STREET~~  
**P O BOX 728**  
**NEW PORT RICHEY FL 34653**



2. Principal Place of Business  
**6430 OLD MAIN ST**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1738920**

Applied For  
Not Applicable

Zip **34653** Country **USA**

Zip **34656** Country **USA**

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

**6. Name and Address of Current Registered Agent**

**GOODALE, ELIZABETH A**  
**11740 CURRIE LANE**  
**LARGO FL 34644**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
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**

TITLE **P** ☐ Delete  
NAME **KIRK, ROBERT S**  
STREET ADDRESS **6428 MAIN STREET**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **KIRK, IRENE D**  
STREET ADDRESS **6428 MAIN STREET**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 empowered.

SIGNATURE: **Robert S. Kirk** **1-4-03** **727-846-8538**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)