

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 821090

1. Entity Name
KIMBALL TOPPERS INC.

Principal Place of Business
800 CORPORATION STREET
SANTA PAULA CA 93060-3095

Mailing Address
800 CORPORATION STREET
SANTA PAULA CA 93060-3095

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 95-2438305

Applied For
Not Applicable

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

PORTER, DAVID
1503 LUCERNE PARK RD
HAINES CITY FL 33844

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

12-10-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
D
NELSON, DARRELL
807 CORPORATION ST.
SANTA PAULA CA 93060

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
NICHOLS, GARY A
800 CORPORATION ST
SANTA PAULA CA 93060-3095

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PIDDUCK, KURT P
800 CORPORATION STREET
SANTA PAULA CA 93060-3095

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600004735846--4
-12/21/01--01027--016
****750.00 ****750.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

KURT P. PIDDUCK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/5/01

805-925-2116

0136184 AT

CR2E034 (5/01)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01-DEC-12-PM 3:06-



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

01