

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 829175

1. Entity Name

KIFFER'S, INC.



FILED
AMENDED
DEC 15 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

103 2nd AVE, SW

Suite, Apt. #, etc.

3. Mailing Address

103 2nd AVE, SW

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CUCKIN, FL

City & State

CUCKIN, FL

4. FEI Number

16-0971152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HARRY A. KIFFER

Street Address (P.O. Box Number is Not Acceptable)

1570 W. DEL WEBB BLVD

City

SUN CITY CENTER FL

Zip Code

33573

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IN THIS SPACE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT
HARRY A. KIFFER
1570 W. DEL WEBB BLVD
SUN CITY CENTER, FL 33570

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

900025182399
12/15/03-01010-011 **\$61.25

TITLE

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/03

813-645-5326

Date

Daytime Phone #

CR2E034B (12/02)