

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F52658

1. Entity Name

KITCHEN GIFTS & GADGETS, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90057 006 \*\*\*150.00

Principal Place of Business

Mailing Address

REGENCY SQUARE  
2452 SE FED HWY  
STUART FL 34994  
US

1720 SW WILDCAT TR.  
STUART FL 34997-7037  
US

2. Principal Place of Business

3. Mailing Address

120 WEST OCEAN BLDG.

120 WEST OCEAN BLDG.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STUART, FL

STUART, FL

City & State

City & State

34994

4. FEI Number

59-2142568

Applied For

Not Applicable

Zip

34994

Country

USA

Zip

Country

USA

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

HOPSON, AUDREY  
3038 S. FEDERAL HIGHWAY  
STUART FL 33497

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOPSON, AUDREY	
STREET ADDRESS	3038 S. FEDERAL HIGHWAY	
CITY-ST-ZIP	STUART FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DAVIS, VICKI H.	
STREET ADDRESS	1720 SW WILDCAT TRAIL	
CITY-ST-ZIP	STUART FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DAVIS, VICKI H.	
STREET ADDRESS	1720 SW WILDCAT TRAIL	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

*Vicki H. Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00

Date

(561) 220-9705

Daytime Phone #

CR2E034 (9/99)