

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F52658**

1. Entity Name

**KITCHEN GIFTS & GADGETS, INC.****FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91330 048 \*\*\*150.00

**00053603**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
120 W OCEAN BLVD STUART FL 34994 US	120 W OCEAN BLVD STUART FL 34994 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-2142568	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent7. 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 \_\_\_\_\_ 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	HOPSON, AUDREY	NAME	
STREET ADDRESS	3038 S. FEDERAL HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	STUART FL	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	DAVIS, VICKI H.	NAME	
STREET ADDRESS	1720 SW WILDCAT TRAIL	STREET ADDRESS	
CITY-ST-ZIP	STUART FL	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	DAVIS, VICKI H.	NAME	
STREET ADDRESS	1720 SW WILDCAT TRAIL	STREET ADDRESS	
CITY-ST-ZIP	STUART FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 DIRECTOR05/01/01 (561) 288-0960  
Date Daytime Phone #

CR2E034 (10/00)