

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003113

1. Entity Name

KAMAN'S ART SHOPPES, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90049 043 ***150.00

Principal Place of Business

Mailing Address

300-F INDUSTRIAL PARKWAY
CHAGRIN FALLS OH 44023

300-F INDUSTRIAL PARKWAY
CHAGRIN FALLS OH 44023-4516

2. Principal Place of Business

16838 PARK CIRCLE DRIVE

3. Mailing Address

16838 PARK CIRCLE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CHAGRIN FALLS, OHIO

City & State

CHAGRIN FALLS, OHIO

4. FEI Number

34-1681006

Applied For

Not Applicable

Zip

44023

Country

U.S.A.

Zip

44023

Country

U.S.A.

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

SMITH, DAVE
8502 RENALD BLVD.
TEMPLE TERRACE FL 33637

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 ☐ Delete
NAME KAMAN, TRICIA
STREET ADDRESS 819 SUN RIDGE LN.
CITY-ST-ZIP CHAGRIN FALLS OH 44023

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

TITLE VSTD ☐ Delete
NAME KAMAN, RICHARD
STREET ADDRESS 819 SUN RIDGE LN.
CITY-ST-ZIP CHAGRIN FALLS OH 44023

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-2000

Date

440
708 1909

Daytime Phone #

CR2E034 (9/99)