

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K09789

1. Entity Name

KITCHEN DESIGNS, INC.

Principal Place of Business

Mailing Address

7306 SANDSCOVE CT.
WINTER PARK FL 32792
US

7306 SANDSCOVE CT.
WINTER PARK FL 32792-5901
US

2. Principal Place of Business

3. Mailing Address

7306 Sandscove Ct.
Suite, Apt. #, etc.

Same
Suite, Apt. #, etc.

City & State

City & State

Winter Park, FL 32708

Zip

Country

Zip

Country

4. FEI Number

59-2888859

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

POTCHEN, DOUGLAS S.
4460 N. GOLDENROD ROAD
BLDG 101
WINTER PARK FL 32792

Name

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

NEW ADDRESS:

7306 Sandscove Court

City

Winter Park

FL

Zip Code

32792

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 P
NAME POTCHEN, DOUGLAS S.
STREET ADDRESS 644 CAYUGA DR
CITY-ST-ZIP WINTER SPRINGS FL ☐ Delete

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

TITLE D
NAME POTCHEN, DIANE S.
STREET ADDRESS 644 CAYUGA DR
CITY-ST-ZIP WINTER SPRINGS FL ☐ Delete

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

TITLE D
NAME POTCHEN, THOMAS M.
STREET ADDRESS 4501 N. LANDMARK DR
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Add

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE:

Douglas Potchen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

(407)679-6789 x 1

Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90148 034 ***150.00

A0040217



DO NOT WRITE IN THIS SPACE