

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K10677

1. Entity Name

KITCHENS SEPTIC TANK SERVICE, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-01-2000 90035 037 ***150.00

Principal Place of Business

747 POPASH ROAD
POPASH RD
WAUCHULA FL 33873
US

Mailing Address

1849 KEN MCLEOD RD
WAUCHULA FL 33873-0469
US

2. Principal Place of Business

747 Popash Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2474

Suite, Apt. #, etc.

City & State

Wauchula, FL

City & State

Wauchula, Florida

Zip
33873

Country

U.S.

Zip

33873

Country

U.S.

4. FEI Number

65-0026358

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSTY KITCHENS
1849 KEN MCLEOD RD
WAUCHULA FL 33873

7. Name and Address of New Registered Agent

Name

Kyle Kitchens

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

747 Popash Road

City

Wauchula

FL

Zip Code

33873

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KITCHENS, ROCKY A. 747 POPASH RD WAUCHULA FL 33873	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KITCHENS, RUSTY 1849 KEN MCLEOD ROAD WAUCHULA FL 33873	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NP Kyle Kitchens 747 Popash Road Wauchula, FL 33873	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rocky Kitchens Rocky Kitchens *President* 4/24/00 (863) 773-6678
Kyle Kitchens (Kyle Kitchens) Vice President 5/14/00

CR2E034 (9/99)