

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90096 039 \*\*\*150.00

0066272

**DOCUMENT # K97359**

1. Entity Name

**K & S BED AND BATH, INC.**

Principal Place of Business

Mailing Address

**445 21ST STREET  
 VERO BEACH FL 32960  
 US**

**1991 CAYMAN RD W  
 VERO BEACH FL 32963  
 US**

**C0039362**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2950873**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**MCHUGH, JOHN J. JR.  
 333 17TH STREET, SUITE U  
 VERO BEACH FL 32960**

Name

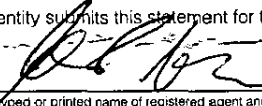
Street Address (P.O. Box Number is Not Acceptable)

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

**3/27/01**

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 **D**  Delete  
 NAME **ALBER, JOHN P.**  
 STREET ADDRESS **1991 WEST CAYMAN ROAD**  
 CITY-ST-ZIP **VERO BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ALBER, KRISTINE S.**  
 STREET ADDRESS **1991 WEST CAYMAN ROAD**  
 CITY-ST-ZIP **VERO BEACH FL**

TITLE  Change   
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Char  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

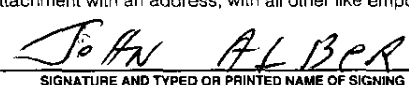
TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 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 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name has not changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/01**