

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0518253 AV

DOCUMENT # L00328

1. Entity Name
KIRCHOFF ENTERPRISES, INC.

DBA KITCHENS & BATHS BY AMBIANCE



FILED

03 APR 28 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
16520 S. TAMiami TRl
STE 206
FT MYERS FL 33908
US

Mailing Address
16520 S. TAMiami TRl
STE 206
FT MYERS FL 33908
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number
54-2095438

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

HELMS, PAUL B.
16520 S. TAMiami TRAIL
STE 206
FORT MYERS FL 33908

Name
KIRCHOFF, STEVE
Street Address (P.O. Box Number is Not Acceptable)
16520 S. TAMiami TRAIL
STE. 206
City
FT. MYERS FL Zip Code
33908

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HELMS, SONDR
16520 S. TAMiami TRAIL STE 206
FORT MYERS FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KIRCHOFF, STEVE
16520 S. TAMiami TRAIL STE 206
FT. MYERS FL 33908 Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HELMS, PAUL B.
16520 S. TAMiami TRAIL STE. 206
FORT MYERS FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KIRCHOFF, LINDA
16520 S. TAMiami TRAIL STE 206
FT. MYERS, FL 33908 Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900018453219
05/07/03--01066--003 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

4/16/03

Daytime Phone

CR2E034 (10/02)