

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90105 001 ***150.00

DOCUMENT # L02207

1. Entity Name

KITCHEN TECH SERVICES, INC.

Principal Place of Business

**4610 47TH WAY NORTH
 ST. PETERSBURG FL 33714**

Mailing Address

**4610 47TH WAY NORTH
 ST. PETERSBURG FL 33714**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4654- 47TH AVE. N.

3. Mailing Address

4654- 47TH AVE. N.

Suite, Apt. #, etc.

Apt. "A"

Suite, Apt. #, etc.

Apt. "A"

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33714

Country

USA

Zip

33714

Country

USA

4. FEI Number

59-2958738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SHARP, TED

5111 66TH ST N #403

ST PETERSBURG FL 33709

7. Name and Address of New Registered Agent

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, 2002 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 **S** ☐ Delete
 NAME **LOSKE, FREDERICK J**
 STREET ADDRESS **4612 IRIS ST N**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **P** ☐ Delete
 NAME **MCLAUCHLIN, MARTIN**
 STREET ADDRESS **4651 41ST AVE N**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

Martin J. McLaughlin 2/1/02 727-522-0858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)