

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L40474

1. Entity Name

KASSEL FOAM PRODUCTS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90192 015 ***150.00

Principal Place of Business

Mailing Address

C/O RODNEY N. HOUGHTON
2255 GLADES RD., ONE BOCA PLACE #319
BOCA RATON FL 33431

C/O RODNEY N. HOUGHTON
2255 GLADES RD., ONE BOCA PLACE #319
BOCA RATON FL 33431-7382

2. Principal Place of Business

3. Mailing Address

4733 Fountains Drive South
Suite, Apt. #, etc.
Lake Worth, Florida

4733 Fountains Drive South
Suite, Apt. #, etc.
Lake Worth, Florida



DO NOT WRITE IN THIS SPACE

City & State
Lake Worth, Florida

City & State
Lake Worth, Florida

4. FEI Number 13-1934737

Applied For
Not Applicable

Zip
33467

Country
USA

Zip
33467

Country
USA

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

HOUGHTON, RODNEY N.
ONE BOCA PLACE, SUITE 319 ATRIUM
2255 GLADES ROAD
BOCA RATON FL 33431

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KASSEL, JERRY
4733 FOUNTAINS DR. SO.
LAKE WORTH FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
KRUPP, LESAVOY D
2500 E. HALLENDALE BCH
HALLENDALE FL

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)