

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90141 046 ***150.00

DOCUMENT # L83385

1. Entity Name
A NEW DESIGN FOR KITCHENS AND BATH, INC.



Principal Place of Business
C/O PATRICK E. COLLINS
5460 37TH AVENUE NORTH
ST. PETERSBURG FL 33710

Mailing Address
C/O PATRICK E. COLLINS
5460 37TH AVENUE NORTH
ST. PETERSBURG FL 33710

2. Principal Place of Business

245 Egon LN. N
Suite, Apt. #, etc.

3. Mailing Address

245 Egon Lane N
Suite, Apt. #, etc.

City & State
St Pete FL

Zip
33710

Country
PineHos

City & State
St Pete FL

Zip
33710

Country
PineHos

4. FEI Number **59-3015030**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COLLINS, PATRICK E.
5460 37TH AVENUE NORTH
ST. PETERSBURG FL 33710

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

SIGNATURE: *Patrick E Collins* *Patricia Collins* **4-21-03**
Signature, typed or printed name of registered agent and title if applicable. (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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	COLLINS, PATRICK E.	5460 37TH AVENUE NO.	ST. PETERSBURG FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Patrick E Collins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 **721 345-5002**
Date **Daytime Phone #**

CR2E034 (10/02)