

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90165 026 ****61.25

DOCUMENT # N00000002216

1. Entity Name
KITNHEVN, INC.



Principal Place of Business

**25 AUTUMNWOOD TRAIL
ORMOND BEACH FL 32174**

Mailing Address

**130 N NOVA RD
135
ORMOND BEACH FL 32174**

30024419

2. Principal Place of Business

**130 N NOVA RD
Suite, Apt. #, etc.
135**

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

City & State

Zip

32174

Country

Country

4. FEI Number **59-3639038**

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

SCOTT, TANI E

25 AUTUMNWOOD TRAIL

ORMOND BEACH FL 32174

130 N NOVA RD # 135

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SCOTT, TANI**
STREET ADDRESS **25 AUTUMNWOOD TRAIL**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☐ Delete
NAME **GOODWIN, MARGUERITE**
STREET ADDRESS **P.O. BOX 534**
CITY-ST-ZIP **JOHNSON OH 43031**

TITLE **D** ☒ Delete
NAME **THOMAS, CHRIS**
STREET ADDRESS **129 CABIN CREEK EAST DR.**
CITY-ST-ZIP **COLD SPRING KY 41076**

TITLE **D** ☐ Delete
NAME **NORTON, CAROL**
STREET ADDRESS **P.O. BOX 353453**
CITY-ST-ZIP **PALM COAST FL 32135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **DONNA MCCARTER**
STREET ADDRESS **1631 CORPOVA AVE**
CITY-ST-ZIP **HOLLY HELL, FL 32117**

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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NAME
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CITY-ST-ZIP

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

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 617, 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

1/26/03

3866711581

CR2E037 (10/02)