

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90429 047 ***158.75

DOCUMENT # P00000022999

1. Entity Name

KITCHEN AND BATH SUPPLY, INC.

Principal Place of Business

11350 METRO PKWY
 # 117 X
 FORT MYERS FL 33912

Mailing Address

11350 METRO PKWY
 # 117 X
 FORT MYERS FL 33912

2. Principal Place of Business

11350 Metro Pkwy
 Suite, Apt. #, etc.
 #118

3. Mailing Address

11350 Metro Pkwy
 Suite, Apt. #, etc.
 #118

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33912

Country

US

Zip

33912

Country

US

4. FEI Number

65-0990869

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HALL, JONI
 11451 PERSIMMON CT
 FORT MYERS FL 33913

7. Name and Address of New Registered Agent

Name

Hall, Joni Q.

Street Address (P.O. Box Number is Not Acceptable)

11350 Metro Pkwy #118

Fort Myers

City

FL

Zip Code

33912

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)

3/18/02

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	D	☐ Delete
NAME	HALL, JONI Q.	
STREET ADDRESS	11451 PERSIMMON COURT	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	☒ Change ☐ Addition
NAME	Hall, Joni Q.	
STREET ADDRESS	11350 Metro Pkwy #118	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Hall, Christopher W.	☐ Change ☒ Addition
NAME		
STREET ADDRESS	11350 Metro Pkwy #118	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

941 2781334

CR2E034 (9/01)