

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064771

1. Entity Name
KORNERSTONE KITCHEN & BATH INC.

Principal Place of Business
1210 TROPIC PARK DRIVE
SANFORD FL 32773

Mailing Address
1210 TROPIC PARK DRIVE
SANFORD FL 32773

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.
1210 TROPIC PARK DR.

Suite, Apt. #, etc.
1210 TROPIC PARK DR.

City & State
Sanford FL

City & State
Sanford FL

Zip
32773

Country
Seminole

Zip
32773

Country
Seminole



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3659736

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCREIGHT, DAVID
9 ROBINWOOD DR.
LONGWOOD FL

7. Name and Address of New Registered Agent

Name
DAVID MCCREIGHT
Street Address (P.O. Box Number is Not Acceptable)
1210 TROPIC PARK DR.
City Sanford FL Zip Code 32773

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 *David McCreight* DAVID MCCREIGHT Pres. 1-4-02
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
NAME D
STREET ADDRESS MCCREIGHT, DAVID
CITY-ST-ZIP 9 ROBINWOOD DR.
LONGWOOD FL

TITLE
NAME D
STREET ADDRESS JOHNSON, PHILIP
CITY-ST-ZIP 9103 WAY-WOOD CT
ORLANDO FL 32825

TITLE
NAME CFO
STREET ADDRESS JOHNSON, DENICE M
CITY-ST-ZIP 9103 WAY-WOOD CT
ORLANDO FL 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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

1-4-02 407-688-1545

CR2E034 (9/01)

0084170 AV

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90011 002 ***150.00