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

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

635 BREVARD AVENUE

COCOA FL 32922-7807

## P00000069054 DOCUMENT # 1. Entity Name

KIMBO CREATIONS, INC.

Principal Place of Business

2. Principal Place of Business

Country

6. Name and Address of Current Registered Agent

635 BREVARD AVENUE

COCOA FL 32922-7807

Suite, Apt. #, etc.

City & State

GILES, J D

635 BREVARD AVENUE

Zip

NAME

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

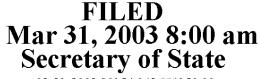
CITY-ST-ZIP

CITY-ST-ZIP

GILES, J D

**635 BREVARD AVENUE** 

COCOA FL 32922-7807



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	03-31-2003 90154 042 ***150.00					
	☐ CHECK HERE IF MAKING CH	HANGES				
	4. FEI Number 65-1026190	Applied For Not Applicable				
Country		3.75 Additional e Required				
	7. Name and Address of New Registered Age	nt				
Name Street Addre	ess (P.O. Box Number is Not Acceptable)					

COCOA	-L 32922-7807								
			City		FL	Zip Code	Э		
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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign F Trust Fund Contributi			<b>0</b> May Be I to Fees		
10.	OFFICERS AND DIRECTORS 1		11.	ADDITIONS/CHANGES TO OF	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PSD	☐ Delete	TITLE	,		1 Change	☐ Addition		
NAME	ADLER, KIMBERLY		NAME						
STREET ADDRESS	779 E MERRITT ISLAND CSWY #331		STREET ADDRESS						
CITY-ST-ZIP	MERRITT ISLAND FL 32952		CITY-ST-ZIP				ļ		
TITLE	VTD	☐ Delete	TITLE		[	Change	Addition		
NAME	ADLER, TOM		NAME						
STREET ADDRESS	779 E MERRIT ISLAND CSWY #1331		STREET ADDRESS				ľ		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		CITY-ST-ZIP						
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STREET ADDRESS

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STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the examption 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 thustee errowwered 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

☐ Change

☐ Change

☐ Change

Addition

Addition

■ Addition