

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087978

1. Entity Name  
KNEAD YOU, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90020 043 \*\*\*150.00

Principal Place of Business  
4330 W. BROWARD BOULEVARD  
SUITE F  
PLANTATION FL 33317

Mailing Address  
4330 W. BROWARD BOULEVARD  
SUITE F  
PLANTATION FL 33317

00034000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1185 SW 26 AVE.  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 120085  
Suite, Apt. #, etc.

City & State  
FT. LAUDERDALE FL  
Zip  
33312  
Country  
USA

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FT. LAUDERDALE FL  
Zip  
33312  
Country  
USA

4. FEI Number  
65-1042582  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CAPPS, CHRISTINE  
4330 W. BROWARD BOULEVARD  
SUITE F  
PLANTATION FL 33317

## 7. Name and Address of New Registered Agent

Name  
CHRISTINE M. CAPPS  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FT. LAUDERDALE FL  
Zip Code  
33312

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 CHRISTINE M. CAPPS 04.30.01  
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, 2001 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  
NAME  
CAPPS, CHRISTINE  
STREET ADDRESS  
4330 W. BROWARD BOULEVARD #F  
CITY-ST-ZIP  
PLANTATION FL 33317 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CAPPS, CHRISTINE  
1185 SW 26 AVE  
FT. LAUDERDALE, FL 33312 ☒ Change ☐ Addition

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

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

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

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

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

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: CHRISTINE M. CAPPS 04.30.01 954-584-1336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)