

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90455 008 ***150.00

0318307 AV

DOCUMENT # P00000087978

1. Entity Name

KNEAD YOU, INC.

Principal Place of Business

**1185 SW 26 AVE
FORT LAUDERDALE FL 33312**

Mailing Address

**PO BOX 120085
FORT LAUDERDALE FL 33312**

2. Principal Place of Business

745 EAST DAYTON CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

745 EAST DAYTON CIRCLE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

Zip

33312

Country

USA

City & State

FORT 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 M

4330 W. BROWARD BOULEVARD

SUITE F

FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

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

745 EAST DAYTON CIRCLE

FORT LAUDERDALE FL

City

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

PRESIDENT

03-06-01

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, 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 ☐ Delete

D

CAPPS, CHRISTINE

1185-SW-26TH AVE

FORT LAUDERDALE FL 33312

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

745 EAST DAYTON CIRCLE

FORT LAUDERDALE FL 33312

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ 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

Date

Daytime Phone #

CR2E034 (9/01)