

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90036 044 \*\*\*150.00

**DOCUMENT # P00000092068**

1. Entity Name  
**NEW KISS 'N MAKE UP, INC.**

Principal Place of Business  
**1450 SONATA CT  
 NAVARRE FL 32566**

Mailing Address  
**1450 SONATA CT  
 NAVARRE FL 32566**

**6331**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**964 Hwy 98 East**

3. Mailing Address  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Destin Florida**

City & State

4. FEI Number  
**593678802**

Applied For  
 Not Applicable

Zip  
**32541**

Country  
**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUSTON, GARY W  
 125 W ROMANA, STE 800  
 PENSACOLA FL 32501**

Name

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

City

**FL**

Zip Code

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Kenneth TAFT  
 1806 Shades Cliff Rd  
 Jasper, AL 35504**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Candance Henderson  
 P.O. Box 6421  
 Navarre, Florida 32566**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
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TITLE  
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 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: Candance Henderson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01  
 Date

850-939-1560  
 Daytime Phone #

CR2E034 (10/00)