2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCLIMENT



FILED Mar 17, 2003 8:00 am Secretary of State

1. Entity Name KITCHENS DIRECT OF SARASOTA, INC.						03-17-2003 91095 016 ***150.00	
Principal Place of Business 6222 TOWER LANE SUITE A-3 SARASOTA FL 34240			Mailing Address 6222 TOWER LANE SUITE A-3 SARASOTA FL 34240		<u> </u>		
2. Principal Place of Business			3. Mailing Address				
Suite, Ap			Suite, Apt. #, etc.	·		CHECK HERE IF MAKING CHANGES	
City & Sta	ate 		City & State			4. FEI Number 65-1084802 Applied For Not Applicable	
Zip		Country	Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name	and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
	RADLEY W					nn F. Lakin, Esq.	
	ison dr, s				Bar	ss (P.O. Box Number is Not Acceptable) rnes Walker, Chartered	
SARASOTA FL 34236						9 Manatee Avenue West	
		1	·			denton FL 3ip Code 34205	
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 John F. Lakin 1/30/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Make Chec	r May 1, 200 k Payable to	3 Fee will be \$550.00 Florida Department of	1			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	D	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	ZANONI, T 11864 HOL	ONY J LYHOCK DRIVE ON FL 34202	□ Delete		T ADDRESS 1	PST ⊠ Change ☐ Addition anoni, Tony J. 1864 Hollyhock Drive radenton FL 34202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	N, KARL W ST CIR W #507 IN FL 34207	☐ Delete		T ADDRESS 45	V	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		EDWARD J LYHOCK DRIVE N FL 34202	☐ Delete	TITLE NAME STREE	DV P C	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	· Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby c	ertify that the	information supplied with t	Delete	CITY-S		Change Addition	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PESOISSEDTony J. Zanoni, President

(941) 378-7848

Daytime Phone #

<u>2/7</u>/03