

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

FILED

04 JAN 29 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **PO10000 27875**
1. Entity Name
KAHUNA'S KREATIONS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11139 S. Cedar Brook
Suite, Apt. #, etc.

3. Mailing Address
11139 S. Cedar Brook
Suite, Apt. #, etc.

REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE

City & State
Traverse City MI
Zip
49684

City & State
Traverse City MI
Zip
49684

4. FEI Number
65-1086501
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name: **James T. Mc Gonigle**
Street Address (P.O. Box Number is Not Acceptable)
6221 Banyan terr
City **Plantation** FL Zip Code **33317**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	P.D	
NAME	Larry Dean	
STREET ADDRESS	11139 S. Cedar Brook Ct	
CITY- ST- ZIP	Traverse City MI 49684	
TITLE		
NAME		
STREET ADDRESS		
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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 recipient or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/01)



James T. McGonigle, PA
7027 W. Broward Blvd. PMB #280
Plantation, FL 33317

954-583-6666

Fax 954-584-5313

January 29, 2004

Florida Department of Revenue
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Kahuna's Kreations
FEIN: 65-1086501
Document No. P01000027875

Sir:

We recently notified all of our clients about having to renew their corporations on line. One of our clients Kahuna's Kreations – referenced above, said they never received the renewal card. This is possibly because the President moved from the original address as shown on the Articles of Incorporation, and for some reason never received a renewal form for 2003.

We tried to download a new form, but received the message that it was only available for active corporations.

If possible, we are asking for consideration to renew the corporation for both 2003 and 2004 and are enclosing our check in the amount of \$300.00, along with a completed UBR Form.

Thank you,

James T. McGonigle, PA