

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90188 046 ***150.00

DOCUMENT # P01000030192

1. Entity Name

KIBBITZ & NOSH, INC.

Principal Place of Business

**15218 CAPE SABAL LN
 FT MYERS FL 33908**

Mailing Address

**15218 CAPE SABAL LN
 FT MYERS FL 33908**

2. Principal Place of Business

15455 McGregor Blvd

3. Mailing Address

15455 McGregor Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS FL

City & State

FT MYERS, FL

4. FEI Number

65-1097968

Applied For

Not Applicable

Zip

33908

Country

LEE

Zip

33908

Country

LEE

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ESKIN, HAROLS S

**1420 SE 47 ST
 CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

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, 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	D	<input type="checkbox"/> Delete
NAME	KISZKA, RICHARD	
STREET ADDRESS	15218 CAPE SABAL LN	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KISZKA, VICKI	
STREET ADDRESS	15218 CAPE SABAL LN	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KISZKA, DAVID	
STREET ADDRESS	15218 CAPE SABAL LN	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	S	<input type="checkbox"/> Delete
NAME	KRUKAR, KYLE	
STREET ADDRESS	15218 CAPE SABAL LN	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUKAR, JARED	
STREET ADDRESS	15218 CAPE SABAL LN	
CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)