

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90116 003 ***150.00

DOCUMENT # P01000030192

1. Entity Name
KIBBITZ & NOSH, INC.



Principal Place of Business
15455 MCGREGOR BLVD
FT MYERS FL 33908

Mailing Address
15455 MCGREGOR BLVD
FT MYERS FL 33908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1097968**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESKIN, HAROLS S
1420 SE 47 ST
CAPE CORAL FL 33904

BOLANOS TRUXTON PH Name **Gregg S. Truxton**
Street Address (P.O. Box Number is Not Acceptable) **12800 University Dr**
Suite 340
City **FT. MYERS** **FL** Zip Code **33908**

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 Gregg S. Truxton
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

4/9/03 239-482-6674
Date Daytime Phone #

CR2E034 (10/02)