

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P010000048913**

1. Entity Name

**K-Z.S., INC.**



FILED

03 JUN -9 AM 7:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**58 CHIPPINGWOOD LN**

Suite, Apt. #, etc.

3. Mailing Address

**58 CHIPPINGWOOD LANE**

Suite, Apt. #, etc.

City & State

**ORMOND BEACH, FL**

City & State

**ORMOND BEACH, FL**

Zip

**32176**

Country

**USA**

Zip

**32176**

Country

**USA**

DO NOT WRITE IN THIS SPACE

**5/6/03 01012 022 \$150.00**

4. FEI Number

**593723351**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**KARNIT TUVIA SHEFER**

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

**58 CHIPPINGWOOD LANE**

City

**ORMOND BEACH**

**FL**

Zip Code

**32176**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

10. need officers OFFICERS AND DIRECTORS

TITLE **OWNER**  
NAME **KARNIT T. SHEFER**  
STREET ADDRESS **58 CHIPPINGWOOD LN**  
CITY-ST-ZIP **ORMOND BEACH, FL, 32176**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Karnit Tuvia Shefer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KARNIT TUVIA SHEFER 5-23-03 (386) 676-9556**

Date

Daytime Phone #

CR2E034B (12/02)