

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90066 032 \*\*\*150.00

**DOCUMENT # P01000081582**

**1. Entity Name**  
**KITCHEN ART, INC.**

**Principal Place of Business**  
**12340 WILES RD**  
**CORAL SPRINGS FL 33076**

**Mailing Address**  
**12340 WILES RD**  
**CORAL SPRINGS FL 33076**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**11816 Wiles Rd.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**11816 Wiles Rd**  
 Suite, Apt. #, etc.

**City & State**  
**Coral Springs, FL**  
 Zip **33076** County

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**4. FEI Number**  
**65-1137759**  
 Applied For ☐ Not Applicable ☐

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

**6. Name and Address of Current Registered Agent**  
**RICHARD S PILLINGER, P.A.**  
**3300 UNIVERSITY DR, SUITE 408**  
**CORAL SPRINGS FL 33065**

**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** \_\_\_\_\_ (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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JONES, GREGORY</b> <b>12340 WILES RD</b> <b>CORAL SPRINGS FL 33076</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Jones, Gregory</b> <b>11816 Wiles Rd</b> <b>Coral Springs, FL 33076</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/02**  
 Date

Daytime Phone #

CR2E034 (9/01)