

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90418 002 ***150.00

0010065 AT

DOCUMENT # P01000116783

1. Entity Name

KITCHEN & BATH DESIGN CENTER, INC.

Principal Place of Business

**1177 CLERE AVE STE 7
WEST PALM BEACH FL 33401**

Mailing Address

**1177 CLERE AVE STE 7
WEST PALM BEACH FL 33401**

2. Principal Place of Business

1177 CLARE AVENUE

Suite, Apt. #, etc.

SUITE 6

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

3. Mailing Address

1177 CLARE AVENUE

Suite, Apt. #, etc.

SUITE 6

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

4. FEI Number

65-1158755

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PORTCH, PAULA
SW 1 PLACE
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name

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

9153 SW 1 Place

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 ☐ Delete
NAME **PD WOOD, GUNSON**
STREET ADDRESS **1177 CLERE AVE STE 7**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME **VD MIKEL, GLENN H**
STREET ADDRESS **1177 CLERE AVE STE 7**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME **STD PORTCH, PAULA J**
STREET ADDRESS **1177 CLERE AVE STE 7**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1177 CLARE AVENUE SUITE 6**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1177 CLARE AVENUE SUITE 6**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

Paula J. Portch, Secretary Treasurer 4/4/2002 561-721-1281

Date

Daytime Phone #

CR2E034 (9/01)