

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91760 040 ***158.75

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DOCUMENT # P02000050292

1. Entity Name
THE KITCHEN SHOPPE, INC.



Principal Place of Business
**11 FATHER TONY WAY
BIG PINE FL 33043
US**

Mailing Address
**11 FATHER TONY WAY
BIG PINE FL 33043
US**



2. Principal Place of Business

3. Mailing Address

3965 Hall Rd

3965 Hall Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Big Pine Key FL

City & State

Big Pine Key FL

4. FEI Number

42-1535488

Applied For

Not Applicable

Zip

33043 Monroe

Zip

33043 Monroe

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIPES, MICHAEL L
11 FATHER TONY WAY
BIG PINE FL 33043**

Name

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

3965 Hall Rd

Big Pine Key

FL

Zip Code
33043

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

**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
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SIPES, MICHAEL L**
STREET ADDRESS **11 FATHER TONY WAY**
CITY-ST-ZIP **BIG PINE FL 33043**

TITLE ☒ Change ☐ Addition
NAME **3965 Hall Rd**
STREET ADDRESS **Big Pine Key FL 33043**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **Secretary**
STREET ADDRESS **Fred Cabaldon**
CITY-ST-ZIP **PO Box 522541**
Noraville Shores, FL 33052

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

419-03

Date

872-1123

Daytime Phone #

CR2E034 (10/02)