

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90094 027 ***550.00

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DOCUMENT # P02000050569

1. Entity Name

KIRKPLAN KITCHENS OF CHARLOTTE COUNTY, INC.



Principal Place of Business
1575 CATTLEMEN RD., UNIT 12
SARASOTA FL 34232

Mailing Address
1575 CATTLEMEN RD., UNIT 12
SARASOTA FL 34232

2. Principal Place of Business

20020 Veterans Blvd

3. Mailing Address

20020 VETERANS BLVD

Suite, Apt. #, etc.

Suite 12

Suite, Apt. #, etc.

Suite 12

City & State

Port Charlotte FL

City & State

Port Charlotte FL

Zip

33954

Country

USA

Zip

33954

Country

USA

4. FEI Number

02-0596019

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

LEWIS, KURT F
6624 GATEWAY AVE.
SARASOTA FL 34231

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. 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 \$550.00.
After September 10, 2003 Fee will be \$750.00
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 **PRESIDENT** ☐ Delete
NAME **NIGEZ JACKSON**
STREET ADDRESS **2134 PAGOIA LANE**
CITY-ST-ZIP **PUNTA GORDA FL 33983**

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

TITLE **MANAGING VICE PRESIDENT** ☐ Delete
NAME **IAN GALLIE**
STREET ADDRESS **275 DELPHINE SHORES CIR**
CITY-ST-ZIP **NOKMIS FL 34275**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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

JACKSON

8/10/03

941 625 8003

Date

Daytime Phone #

CR2E034 (4/03)