FILED

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Apr 28, 2003 8:00 am Secretary of State DOCUMENT # P02000061214 04-28-2003 91376 027 \*\*\*158.75 1. Entity Name INNOVATIVE KITCHEN DESIGNS, INC. Mailing Address Principal Place of Business 86-B INDUSTRIAL LOOP NORTH **86-B INDUSTRIAL LOOP NORTH** ORANGE PARK FL 32065 **ORANGE PARK FL 32065** incipal Place of Business 3. Mailing Address 80-66 Industrial ON. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TILLEY, STEPHEN E (cceptable) 4206 BAYMEADOWS ROAD JSTRUB JACKSONVILLE FL 32217 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 acceptable the obligations of registered agent. SIGNATURE DATE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE\_NOW!!!\_FEE\_IS.\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE ☐ Change Addition NAME PALMER, MARK NAME STREET ADDRESS 993 MARBLERIDGE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32065** TITLE Delete TITLE ☐ Change ☐ Addition מ NAME NAME PALMER, MICHELLE STREET ADDRESS STREET ADDRESS 993 MARLBERIDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32065** ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

of the corporation or the receiver or trustee empo

changed, or on an attachment w

ner like empowered

ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block