

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90288 023 ***150.00

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DOCUMENT # P02000061608

1. Entity Name
KITCHEN ART & DESIGN, INC.



Principal Place of Business
9909 N.W. 25TH PLACE
GAINESVILLE FL 32606

Mailing Address
9909 N.W. 25TH PLACE
GAINESVILLE FL 32606

2. Principal Place of Business
3620 NW 97th BLVD

3. Mailing Address
3620 NW 97th BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
GAINESVILLE FL

City & State
GAINESVILLE FL

4. FEI Number
45-0478975

Applied For
Not Applicable

Zip
32606

Country
USA

Zip
32606

Country
USA

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

HEBERT, MARC
9909 N.W. 25TH PLACE
GAINESVILLE FL 32606

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 **MARC HEBERT**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/25/03

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEBERT, MARC
9909 N.W. 25TH PLACE
GAINESVILLE FL 32606

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HEBERT, MARC
9909 NW 25th Place
Gainesville FL 32606

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAPoint, JULIE
9909 N.W. 25TH PLACE
GAINESVILLE FL 32606

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Lapointe, JULIE
5950 SW 20th Avenue, 159
Gainesville FL 32607

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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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: **MARC HEBERT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 **352-331-9889**

Date

Daytime Phone #

CR2E034 (10/02)