


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

FILED
May 08, 2003 8:00 am
Secretary of State

04-18-2003 90107 027 ***150.00

DOCUMENT # **P02000075139**

1. Entity Name
KITSON ENTERPRISES, INC.



Principal Place of Business
**609 COURT STREET
CLEARWATER FL 33756**

Mailing Address
**609 COURT STREET
CLEARWATER FL 33756**

55038757



2. Principal Place of Business
1545 S. BELCHER RD

3. Mailing Address
1545 S. BELCHER RD.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
CLEARWATER FL

City & State
CLEARWATER FL

Zip
33764-7603

Zip
33764-7603

Country

4. FEI Number **16-1616382**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**KRUG, STEWART L
609 COURT STREET
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name **KRUG, STEWART L**

Street Address (P.O. Box Number is Not Acceptable)
1545 S. BELCHER ROAD

City **CLEARWATER FL** Zip Code **33764-7603**

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  DATE **4-14-03**

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating).

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

TITLE CEO/PRESIDENT	<input type="checkbox"/> Delete
NAME WILLIAM MICHAEL KITSON	
STREET ADDRESS 9100 HUNT CLUB LANE	
CITY-ST-ZIP PORT RICHEY, FL 34668	
TITLE SECRETARY/TREASURE	<input type="checkbox"/> Delete
NAME MELISA DAWN KITSON	
STREET ADDRESS 9100 HUNT CLUB LANE	
CITY-ST-ZIP PORT RICHEY, FL 34668	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date **4-5-03** Daytime Phone #