

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90066 044 \*\*\*150.00

**DOCUMENT # P02000080977**

**1. Entity Name**  
**KITCHEN FACELIFTS, INC.**



**Principal Place of Business**  
**2330 NE 18TH PL**  
**UNIT C**  
**OCALA FL 34470**

**Mailing Address**  
**2330 NE 18TH PL**  
**UNIT C**  
**OCALA FL 34470**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**32-0023828**

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**

**WILCOX, PHIL**  
**2330 NE 18TH PL**  
**UNIT C**  
**OCALA FL 34470**

**7. Name and Address of New Registered Agent**

**Name** **Briggs, Jeffrey**  
**Street Address (P.O. Box Number is Not Acceptable)** **2330 NE 18th PL**  
**Unit C**  
**City** **OCALA** **FL** **Zip Code** **34470**

**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** *Jeffrey Briggs President 1-23-03*  
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**

**TITLE** **PD** ☐ Delete  
**NAME** **WILCOX, PHIL**  
**STREET ADDRESS** **14580 SE 93RD AVE.**  
**CITY-ST-ZIP** **BELLEVIEW FL 34491**

**TITLE** **VD** ☐ Delete  
**NAME** **BRIGGS, JEFFREY**  
**STREET ADDRESS** **5525 SE 24TH ST.**  
**CITY-ST-ZIP** **OCALA FL 34471**

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

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

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

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☒ Change ☐ Addition  
**NAME** **Jeffrey Briggs**  
**STREET ADDRESS** **5525 SE 24th St**  
**CITY-ST-ZIP** **OCALA FL 34471**

**TITLE** ☒ Change ☐ Addition  
**NAME** **Philip Wilcox**  
**STREET ADDRESS** **14580 SE 93rd Ave**  
**CITY-ST-ZIP** **Summerfield Fl. 34491**

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

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

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

**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:** *Philip Wilcox* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **DATE** **1-27-03** **DAYTIME PHONE #** **352-369-3172**

CR2E034 (10/02)