

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE TAXES

FILED
STATE OF FLORIDA
DEPARTMENT OF REVENUE

95 MAY -1 PM 1:40

DOCUMENT # P94000024950 (5)

KIRSTY ENTERPRISES, INC.

2018 W PARKTON DR
DELTONA FL 32725

2018 W PARKTON DR
DELTONA FL 32725

3. Date of Corporate Change: 03/28/1994

4. Filing Number: 593228896

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

6. Election to pay taxes as a corporation: ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 193.03, Florida Statutes: ☐ Yes ☒ No

21. State of Incorporation: FL	26. Date of Incorporation: 03/28/1994
22. State of Principal Office: FL	27. Date of Principal Office: 03/28/1994
23. State of Principal Office: FL	28. Date of Principal Office: 03/28/1994
24. State of Principal Office: FL	29. Date of Principal Office: 03/28/1994
25. State of Principal Office: FL	30. Date of Principal Office: 03/28/1994

9. Name and Address of Current Registered Agent

BIANCARDI, KIRSTY
2018 W PARKTON DR
DELTONA FL 32725

10. Name and Address of New Registered Agent

B1. Name:	B2. Street Address (P.O. Box Number is Not Acceptable):
B3. City:	B4. State:
B5. Zip Code:	

11. The undersigned, the president of the corporation, hereby certifies that the above named corporation submits this statement for the purpose of changing its registered office as required by Section 193.03, Florida Statutes, and that the change was authorized by the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am a resident of the State of Florida and accept the obligation of a resident under Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: BIANCARDI, KIRSTY STREET ADDRESS: 2018 W PARKTON DR CITY: DELTONA FL 32725	1. NAME: _____ STREET ADDRESS: _____ CITY: _____
NAME: _____ STREET ADDRESS: _____ CITY: _____	2. NAME: _____ STREET ADDRESS: _____ CITY: _____
NAME: _____ STREET ADDRESS: _____ CITY: _____	3. NAME: _____ STREET ADDRESS: _____ CITY: _____
NAME: _____ STREET ADDRESS: _____ CITY: _____	4. NAME: _____ STREET ADDRESS: _____ CITY: _____
NAME: _____ STREET ADDRESS: _____ CITY: _____	5. NAME: _____ STREET ADDRESS: _____ CITY: _____
NAME: _____ STREET ADDRESS: _____ CITY: _____	6. NAME: _____ STREET ADDRESS: _____ CITY: _____
NAME: _____ STREET ADDRESS: _____ CITY: _____	7. NAME: _____ STREET ADDRESS: _____ CITY: _____
NAME: _____ STREET ADDRESS: _____ CITY: _____	8. NAME: _____ STREET ADDRESS: _____ CITY: _____
NAME: _____ STREET ADDRESS: _____ CITY: _____	9. NAME: _____ STREET ADDRESS: _____ CITY: _____
NAME: _____ STREET ADDRESS: _____ CITY: _____	10. NAME: _____ STREET ADDRESS: _____ CITY: _____

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.03, Florida Statutes. I further certify that the information is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 193, Florida Statutes, and that my name appears on the list of officers, directors, or registered agents attached with this filing.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

REMITTED BY TAYLOR