## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2002 8:00 am § Secretary of State DOCUMENT # P95000039606 1. Entity Name WALTER KITCHEN CONSTRUCTION, INC. 05-01-2002 91486 044 \*\*\*158.75 Principal Place of Business Mailing Address 5TH AVE. GULF 107TH ST. P O BOX 510046 WAREHOUSE #1A KEY COLONY BEACH FL 33051 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0583863 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KITCHEN, WALTER Street Address (P.O. Box Number is Not Acceptable) 113 DORSETT DR MARATHON FL 33050 City Zip Code Fl 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See'criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition Change NAME KITCHEN, WALTER NAME STREET ADDRESS 113 DORSETT DRIVE STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY-ST-ZIP TITLE TITLE S/p Delete Addition NAME KITCHEN, ROSE M NAME STREET ADDRESS 113 DORSETT DRIVE STREET ADDRESS CITY-ST-7IP MARATHON FL 33050 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chánge ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME

13. 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 11 or Block 12 if

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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