

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90091 023 ***150.00

DOCUMENT # P95000042046

1. Entity Name
KITTLE'S FLOORING COMPANY



Principal Place of Business
**12330 SW 53RD STREET
706
FORT LAUDERDALE FL 33330
US**

Mailing Address
**12330 SW 53RD STREET
706
FORT LAUDERDALE FL 33330
US**

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 **65-0585617**

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

7. Name and Address of New Registered Agent

**KITTLE, DAN
197 S.W. 20 WAY
DANIA FL 33004**

Name

Street Address (P.O. Box Number is Not Acceptable)

12330 S.W. 53rd Street

Suite 706

City

Fort Lauderdale

FL

Zip Code

33330

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	KITTLE, DAN	
STREET ADDRESS	197 SW 20 WAY	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KITTLE, CHERYL	
STREET ADDRESS	197 SW 20 WAY	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	V	<input type="checkbox"/> Delete
NAME	PUGLIESE, RANDY	
STREET ADDRESS	197 SW 20 WAY	
CITY-ST-ZIP	DANIA FL 33004	
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		

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITTLE, DAN	
STREET ADDRESS	12330 S.W. 53rd Street Suite 706	
CITY-ST-ZIP	Fort Lauderdale, FL 33330	
TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITTLE, CHERYL	
STREET ADDRESS	12330 S.W. 53rd Street Suite 706	
CITY-ST-ZIP	Fort Lauderdale, FL 33330	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12330 S.W. 53rd Street	
STREET ADDRESS	Suite 706	
CITY-ST-ZIP	Fort Lauderdale, FL 33330	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evelyn Vazquez	
STREET ADDRESS	12330 S.W. 53rd Street Suite 706	
CITY-ST-ZIP	Fort Lauderdale, FL 33330	
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		

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:

SIGNATURE REQUIRED

Dan Kittle

2/28/03

954-272-2304

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)