

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90018 044 ***150.00

DOCUMENT # P95000052662

1. Entity Name

T2 KITCHEN AND BATH, INC.

Principal Place of Business

Mailing Address

485 W. SILVESTAR RD.
 OCOEE FL 34791
 US

485 W. SILVESTAR RD.
 OCOEE FL 34791
 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

59-3321923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRASKY, THOMAS D
6903 WINDSTREAM TERRACE
ORLANDO FL 32818

Name

Thomas A. Smith

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

6903 Windstream Terrace

City

Orlando

FL

Zip Code

32818

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)

DATE

Thomas A. Smith **Thomas Smith** **1/21/00**

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **PRASKY, THOMAS D**
 STREET ADDRESS **6903 WINDSTREAM TERRACE**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **President** ☒ Change ☐ Addition
 NAME **Thomas A. Smith**
 STREET ADDRESS **6903 Windstream Terrace**
 CITY-ST-ZIP **Orlando, FL 32818**

TITLE **D** ☐ Delete
 NAME **SMITH, THOMAS A**
 STREET ADDRESS **6903 WINDSTREAM TERR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Linda Larvorn**
 STREET ADDRESS **Apt # 370-F North River Parkway**
 CITY-ST-ZIP **Atlanta, GA 30350**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas A. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas Smith **1/21/00** **407-577-7474**

CR2E034 (9/99)