

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90221 007 ***150.00

DOCUMENT # P96000061597

1. Entity Name

FLORIDA KITCHEN DESIGNS, INC.

Principal Place of Business

**677 N WASHINGTON BLVD
 SARASOTA FL 34236
 US**

Mailing Address

~~PO BOX 3313~~
~~SARASOTA FL 34230~~
 US *Saras*

00025495



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

677 N Washington Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota FL 34236

4. FEI Number **65-0685781**

Applied For

Not Applicable

Zip

Country

Zip

Country

34236

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

**SEEDS, CLIFTON H
 2646 CHERYLE LANE
 SARASOTA FL 34237**

Name

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

City

FL

Zip Code

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

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, 2001 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 **PD** ☐ Delete
 NAME **SEEDS, CLIFTON H**
 STREET ADDRESS ~~2646 CHERYLE LANE~~ *1534 Palmwood Dr.*
 CITY-ST-ZIP **SARASOTA FL 34237**

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

TITLE **VSTD** ☐ Delete
 NAME **SEEDS, BEVERLY A**
 STREET ADDRESS ~~2646 CHERYLE LANE~~ *1534 Palmwood Dr.*
 CITY-ST-ZIP **SARASOTA FL 34237**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Clifton H. Seeds **CLIFTON H. SEEDS**

3/23/01 **343-6140**

CR2E034 (10/00)