

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074304

1. Entity Name
ONE STOP KITCHENS & BATH, INC.

Principal Place of Business
2599-22ND AVE NORTH
ST. PETERSBURG FL 33713
US

Mailing Address
2599 B 22ND AVE N
ST. PETERSBURG FL 33713
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

59-3398453

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WERNER, SIDNEY
5720 CENTRAL AVE
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE PD
NAME MEANA, GREGORY C.
STREET ADDRESS 2599-B 22ND AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33713 ☐ Delete

TITLE S
NAME MEANA, GERALDINE N.
STREET ADDRESS 2599-B 22ND AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33713 ☐ Delete

TITLE T
NAME MEANA, RENEE
STREET ADDRESS 2599-B 22ND AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33713 ☐ Delete

TITLE VP
NAME WEITZEL, ARTHUR J
STREET ADDRESS 2599-B 22ND AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33713 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
~~400004654574~~ 1
-10/26/01--01032--008
****550.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400004654574 1
-10/26/01--01032--008
****550.00 ****550.00

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

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 PM 4:39



DO NOT WRITE IN THIS SPACE

CE25034 (5/01)