

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90108 023 ***150.00

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DOCUMENT # P98000013519

1. Entity Name
KIM'S MINIATURES, INC.



Principal Place of Business
**1120 LANCELOT WAY
CASSELBERRY FL 32707**

Mailing Address
**1120 LANCELOT WAY
CASSELBERRY FL 32707**

2. Principal Place of Business
158 Wildwood Dr.
Suite, Apt. #, etc.

3. Mailing Address
158 Wildwood Dr.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Sanford, Florida

City & State
Sanford Florida

4. FEI Number **84-1172177**

Applied For
Not Applicable

Zip
32773

Country
USA

Zip
32773

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SUTTON, KIMBERLY A
1120 LANCELOT WAY
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name
Kimberly A. Sutton
Street Address (P.O. Box Number is Not Acceptable)
158 Wildwood Dr.
City
Sanford FL Zip Code
32773

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 **Kimberly A. Sutton**
Signature, typed or printed name of registered agent and title if applicable.

4/16/03
DATE

(NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	P SUTTON, KIMBERLY 1120 LANCELOT WAY CASSELBERRY FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Kimberly A. Sutton**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 **321-0905**
Date Daytime Phone #

CR2E034 (10/02)