

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

08-01-2001 90009 048 \*\*\*150.00

0124809 AT

**DOCUMENT # P98000028762**

**1. Entity Name**  
**KITCHTON ASSOCIATES, INC.**

**Principal Place of Business**  
**1904 COUNTESS COURT**  
**NAPLES FL 34110**

**Mailing Address**  
**1904 COUNTESS COURT**  
**NAPLES FL 34110**

**2. Principal Place of Business**  
**3500 BAY RIDGE WAY**

**3. Mailing Address**  
**3500 BAY RIDGE WAY**

**Suite, Apt. #, etc.**  
**PORT CHARLOTTE**

**Suite, Apt. #, etc.**

**City & State**  
**PORT CHARLOTTE FLORIDA**

**City & State**  
**PORT CHARLOTTE FL.**

**4. FEI Number** **59-3500345**

**Applied For**  
**Not Applicable**

**Zip** **33953** **Country** **CHARLOTTE**

**Zip** **33953** **Country** **CHARLOTTE**

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

**6. Name and Address of Current Registered Agent**

**KITCHTON, RONALD**  
**1904 COUNTESS COURT**  
**NAPLES FL 34110**

**7. Name and Address of New Registered Agent**

**Name** **RONALD T. KITCHTON**

**Street Address (P.O. Box Number is Not Acceptable)**  
**3500 BAY RIDGE WAY**

**City** **PORT CHARLOTTE** **FL** **Zip Code** **33953**

**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** *Ronald T. Kitchton* **RONALD T. KITCHTON PRESIDENT**

**DATE** **7/15/01**

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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**TITLE** **P** ☒ **Delete**  
**NAME** **KITCHTON, RONALD T**  
**STREET ADDRESS** **1904 COUNTESS CT.**  
**CITY-ST-ZIP** **NAPLES FL 34110** **ADDRESS**

**TITLE** **VP** ☒ **Delete**  
**NAME** **KITCHTON, DONNA**  
**STREET ADDRESS** **1904 COUNTESS CT.**  
**CITY-ST-ZIP** **NAPLES FL 34110** **ADDRESS**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ **Change** ☐ **Addition**  
**NAME** **RONALD T. KITCHTON**  
**STREET ADDRESS** **3500 BAY RIDGE WAY**  
**CITY-ST-ZIP** **PORT CHARLOTTE FL. 33953** **ADDRESS**

**TITLE** **VP** ☐ **Change** ☐ **Addition**  
**NAME** **KITCHTON, DONNA**  
**STREET ADDRESS** **3500 BAY RIDGE WAY**  
**CITY-ST-ZIP** **PORT CHARLOTTE, FL. 33953** **ADDRESS**

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

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

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**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:** *Ronald T. Kitchton* **RONALD T. KITCHTON PRESIDENT** **7/15/01** **(941) 623-0180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

**Kitchton Associates, Inc.**

attachment  
0# p9800028762  
Boo61253

July 15, 2001

Dear Sir or Madame:

Enclosed please find a check for \$150.00 for the annual UBR fee.

I moved the company and just recently received the 2001 UBR.

Thank you for your consideration.

Very truly yours

  
Ronald T. Kitchton, President