

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91504 038 ***150.00

DOCUMENT # P98000101631

1. Entity Name
KITCHINER DEVELOPMENTS, INC.

Principal Place of Business

**11802 RAINTREE DR
 TEMPLE TERRACE FL 33617**

Mailing Address

**11802 RAINTREE DR
 TEMPLE TERRACE FL 33617**

2. Principal Place of Business

901 GOLF ISLAND DRIVE

3. Mailing Address

901 GOLF ISLAND DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOLLO BEACH, FLORIDA

City & State

APOLLO BEACH, FLORIDA

4. FEI Number

59-3563939

Applied For

Not Applicable

Zip
33572

Country
USA

Zip
33572

Country
USA

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

**KITCHINER, BRENT E
 11802 RAINTREE DR
 TEMPLE TERRACE FL 33617**

Name
KITCHINER, BRENT E
 Street Address (P.O. Box Number is Not Acceptable)
901 GOLF ISLAND DRIVE

City
APOLLO BEACH **FL** Zip Code
33572

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KITCHINER, BRENT 11802 RAINTREE DR TAMPA FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KITCHINER, TRACY 11802 RAINTREE DR TAMPA FL 33617	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRENT KITCHINER 901 GOLF ISLAND DRIVE APOLLO BEACH, FLORIDA 33572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRACY KITCHINER 901 GOLF ISLAND DRIVE APOLLO BEACH, FLORIDA 33572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (813) 641-1434
 Date Daytime Phone #

CR2E034 (9/01)