

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105611

1. Entity Name

4 KICKS INTERNATIONAL, INC.

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90011 031 \*\*\*550.00

Principal Place of Business

5315 U.S. HWY 98 NORTH  
LAKELAND FL 33809

Mailing Address

5315 U.S. HWY 98 NORTH  
LAKELAND FL 33809

2. Principal Place of Business

100 S. Kentucky Ave.

Suite, Apt. #, etc.

Suite # 285

City & State  
Lakeland, Florida

Zip  
33801

Country  
USA

3. Mailing Address

P.O. Box 230

Suite, Apt. #, etc.

City & State  
Kathleen, Florida

Zip  
33849

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3548886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SELL, RON  
4167 CHOWEN DR  
LAKELAND FL 33810

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 13, 2000 Min. 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	P	<input type="checkbox"/> Delete
NAME	SELL, CYNTHIA L	
STREET ADDRESS	5315 US HWY 98 N	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SELL, RONALD E	
STREET ADDRESS	5315 US HWY 98 N	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100 S. Kentucky Ave. Suite #285
CITY-ST-ZIP	Lakeland, Florida <del>33801</del> 33801
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100 S. Kentucky Ave. Suite #285
CITY-ST-ZIP	Lakeland, Florida 33801
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Cynthia L. Sell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00 863-816-7431  
Date Daytime Phone #

CR2E034 (5/00)