

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90018 030 \*\*\*150.00

**DOCUMENT # P98000105611**

1. Entity Name

**4 KICKS INTERNATIONAL, INC.**

Principal Place of Business

100 S KENTUCKY AVE  
STE 285  
LAKELAND FL 33801

Mailing Address

PO BOX 230  
KATHLEEN FL 33849

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**100 S. Kentucky Ave.**  
**Suite 285**

**Lakeland, FL**

**33801**

**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

7. Name and Address of New Registered Agent

**SELL, RON**  
**4167 CHOWEN DR**  
**LAKELAND FL 33810**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**3**

**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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

TITLE	VPS - Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sell, Cynthia L	
STREET ADDRESS	100 S. Kentucky Ave. Suite 285	
CITY-ST-ZIP	Lkld, FL 33801	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sell, Ronald E	
STREET ADDRESS	100 S. Kentucky Ave. Suite 285	
CITY-ST-ZIP	Lkld, FL 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

**4-4-01**

Date

**863-682-7704**

Daytime Phone #

CR2E034 (10/00)