

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106176

1. Entity Name

KISS THE STAR, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90241 020 ***150.00

Principal Place of Business

Mailing Address

2323 HALEY CT
KISSIMMEE FL 34741

2323 HALEY CT
KISSIMMEE FL 34741-2117

2. Principal Place of Business

3. Mailing Address

7234 Antoinette Blvd.
Suite, Apt. #, etc.

7234 Antoinette Blvd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

APPLIED FOR
65-0983220

Applied For

Not Applicable

Zip

Country

Zip

Country

32566

C.S.A.

32566

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

KISH, DEBORAH
2323 HALEY CT
KISSIMMEE FL 34741

Name

Deborah Kish Johansen

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

7234 Antoinette Blvd.

City

Navarre

FL

Zip Code

32566

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME KISH, DEBORAH
STREET ADDRESS 2313 HALEY CT
CITY-ST-ZIP KISSIMMEE FL 34741

☐ Delete

TITLE
NAME Deborah Kish Johansen
STREET ADDRESS 7234 Antoinette Blvd.
CITY-ST-ZIP Navarre, FL 32566

☒ Change

☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change

☐ 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

4/30/00

Date

939-3809

Daytime Phone #

CR2E034 (9/99)