

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90110 038 ***150.00

DOCUMENT # P99000002883

1. Entity Name
THE KITCHEN & BATH SHOWCASE, INC.

Principal Place of Business

Mailing Address

9225 ULMERTON RD. #U
 LARGO FL 33771

9225 ULMERTON RD. #U
 LARGO FL 33771

2. Principal Place of Business

3. Mailing Address

8100 ULMERTON RD.

8100 ULMERTON RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg. 5 suite A.

Bldg. 5 suite A.

City & State

City & State

Largo FLORIDA

Largo FLORIDA

Zip

Country

Zip

Country

33771

U.S.A.

33771

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELDER, ROBERT
 9225 ULMERTON RD. #U
 LARGO FL 33771

Name **Elder, Robert**

Street Address (P.O. Box Number is Not Acceptable)
10844 119 St. North

City **Largo**

FL

Zip Code **33778**

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	D	<input type="checkbox"/> Delete
NAME	ELDER, ROBERT	
STREET ADDRESS	9225 ULMERTON RD. #U	
CITY-ST-ZIP	LARGO FL 33771	
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	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elder, Robert	
STREET ADDRESS	10844 119 St. No.	
CITY-ST-ZIP	Largo FL 33778	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAKESHA N. Elder	
STREET ADDRESS	10844 119 St. No.	
CITY-ST-ZIP	Largo FL 33778	
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)(l), 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 line empowered.

SIGNATURE:

Makesha N. Elder president.

1-4-01

727-568-1366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)