

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90375 021 ***150.00

DOCUMENT # P99000023284

1. Entity Name
KEMPTON & SELF KITCHEN & BATH, INC.

Principal Place of Business
10202 S.W. 138TH ST.
ARCHER FL 32618

Mailing Address
10202 S.W. 138TH ST.
ARCHER FL 32618

LUUJ3322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8100 NW 15 Place
 Suite, Apt. #, etc. **N/A**
 City & State **Gainesville, FL**
 Zip **32606** Country **USA**

3. Mailing Address
Same
 Suite, Apt. #, etc. **N/A**
 City & State **FL**
 Zip Country

4. FEI Number **59-3570178** 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

KEMPTON, SHARON L
10202 S.W. 138TH ST.
ARCHER FL 32618

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 *Sharon Kempton* **1/4/01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input checked="" type="checkbox"/>
	KEMPTON, SHARON L	10202 S.W. 138TH ST.	ARCHER FL 32618	
	Pres			<input type="checkbox"/>
	Jeff Kempton	10202 SW 138 ST	Archer, FL 32618	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 any other like empowered.

SIGNATURE: *Sharon Kempton* **1/4/01** **352**
 Signature and typed or printed name of signing officer or director Date Daytime Phone # **331-0021**

CR2E034 (10/00)