**FILED** 

Jan 31, 2003 8:00 am

**Secretary of State** 

01-31-2003 90122 038 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P99000033589

1. Entity Name

KICKING GRASS, INC.

Principal Place of Business

C/O VICTORIA RYCKMAN



Mailing Address C/O VICTORIA RYCKMAN

1881 NE CRABTREE LANE JENSEN BEACH FL 34957		1881 NE CRABTREE LANE JENSEN BEACH FL 34957					<b>           </b>				
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			<b>4.</b> F	4. FEI Number 65-0902757 Applied For				
Zip Country			Zio		Country					t Applicable	
							5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name	and Address of Current F	tegister	ed Agent		Name	7N	iame and Address of New Regir	tered Ag	ent		
DVCKMAN VICTODIA				TYASTIC							
C/O VICTORIA RYCKMAN					Street Address (P.O. Box Number is Not Acceptable)						
1881 NE CRABTREE LANE											
BEACH FL (	34957	3.00	<u> </u>		City			FL	Zip Cod	е	
		the purp	pose of changing its	egistere	ed office or reg	gistered age	ent, or both, in the State of Florida	. I am far	niliar with,	and accept	
Signature, typed	or printed name of registered agent an	nd title if ap	olicable. (NOTE	Registere	d Agent signature re	equired when rei	instating)	DATE			
4 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								ing	\$5.0 Added	<b>0</b> May Be	
k Payable to	Florida Department of	State				_					
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	CH FL 34957  Place of Busin .#, etc.  te  6: Name N, VICTORIA ORIA RYCK CRABTREE BEACH FL 3 e named entity tions of regist  Signature, typed FILE NOW!! IT May 1, 200 k Payable to  P RYCKMAN 1881 NE 0 JENSEN E  VP RYCKMAN 1881 NE 0	CH FL 34957  Place of Business  #, etc.  te  Country  6: Name and Address of Current F  N, VICTORIA  ORIA RYCKMAN  CRABTREE LANE BEACH FL 34957  e named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent are fille NOW!!! FEE IS \$150.00 are May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND E  P RYCKMAN, VICTORIA  1881 NE CRABTREE LANE JENSEN BEACH FL 34957	Place of Business  3. Ma #, etc.  Country  Count	Place of Business  3. Mailing Address  #, etc.  City & State  Country  Zip  G: Name and Address of Current Registered Agent  N, VICTORIA  ORIA RYCKMAN  CRABTREE LANE BEACH FL 34957  e named entity submits this statement for the purpose of changing its citions of registered agent.  Signature, typed or printed name of registered agent and title if applicable. (NOTE  FILE NOW!!! FEE IS \$150.00  or May 1, 2003 Fee will be \$550.00  k Payable to Florida Department of State  OFFICERS AND DIRECTORS  P RYCKMAN, VICTORIA 1881 NE CRABTREE LANE JENSEN BEACH FL 34957  VP RYCKMAN, EDWARD 1881 NE CRABTREE LANE	CH FL 34957  Place of Business  3. Mailing Address  #, etc.  Suite, Apt. #, etc.  te  City & State  Country  Zip  Country  A CRABTREE LANE BEACH FL 34957  Be named entity submits this statement for the purpose of changing its registered agent.  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  In May 1, 2003 Fee will be \$550.00  Ik Payable to Florida Department of State  OFFICERS AND DIRECTORS  PRYCKMAN, VICTORIA  1881 NE CRABTREE LANE JENSEN BEACH FL 34957  VP  RYCKMAN, EDWARD 1881 NE CRABTREE LANE JENSEN BEACH FL 34957  Delete  TITLE NAM 1881 NE CRABTREE LANE JENSEN BEACH FL 34957  Delete  TITLE NAM 1881 NE CRABTREE LANE JENSEN BEACH FL 34957	CH FL 34957  JENSEN BEACH FL 34957  Place of Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Agent Address of Current Registered Agent  Name  N. VICTORIA  ORIA RYCKMAN  CRABTREE LANE  BEACH FL 34957  City  a named entity submits this statement for the purpose of changing its registered office or retions of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature of the Process of Changing its registered Agent signature of the Process of Changing its registered Agent signature of the Process of Changing its registered Agent signature of the Process of Changing its registered Agent signature of the Process of Changing its registered Agent signature of the Process of Changing its registered Agent signature of the Process of Changing its registered Agent signature of the Process of Changing its registered Agent signature of the Process of Changing its registered Agent signature of the Process of Changing its registered Agent signature of the Process of Changing its registered Agent signature of the Process of Changing its registered Agent signature of Changing its registered Agent Additional Changing its registered Agent Addit	CH FL 34957  JENSEN BEACH FL 34957  Place of Business  3. Mailing Address  4. F.  Country  Zip  Country  Zip  Country  5. C  G. Name and Address of Current Registered Agent  Name  N, VICTORIA  ORIA RYCKMAN  CRABTREE LANE  BEACH FL 34957  City  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  FLE NOW!!! FEE IS \$150.00  or May 1, 2003 Fee will be \$550.00  k Payable to Florida Department of State  OFFICERS AND DIRECTORS  P RYCKMAN, VICTORIA  1881 NE CRABTREE LANE  JENSEN BEACH FL 34957  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  VP RYCKMAN, EDWARD  1881 NE CRABTREE LANE  JENSEN BEACH FL 34957  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete	#. etc.   Suite, Apt. #, etc.   CHECK HERE IF M    Election Country   Zip   Country   S. Certificate of Status Desired	CH FL 34857  JENSEN BEACH FL 34957  Place of Business  3. Mailing Address  3. Mailing Address  Suite, Apt. #, etc.   CHECK HERE IF MAKING O S. Certificate of Status Desired   \$ S. Certificate of Status Desired   \$ S. Certificate of Status Desired   \$ Street Address of New Registered Ag N, VICTORIA  ORIA RYCKMAN  CRABTREE LANE BEACH FL 34957  City  FL Signature, bycod or privated name of regulatered agent and thin if applicable.  (NOTE: Regulatered Agent segnature regulatered when resinatating)  DATE  PLE NOW!!! FEE IS \$150.00  If May 1, 2003 Fee will be \$550.00  If May 1, 2003 Fee will be \$550.00  If Payable to Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND E PRYCKMAN, VICTORIA 1881 NE CRABTREE LANE JENSEN BEACH FL 34957    Delete   TITLE   NAME   SIRET ADDRESS   SIRET ADDRESS	JENSEN BEACH FL 34857   JENS	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

-28-03