

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90102 036 ***150.00

DOCUMENT # **P99 0000 52723**

1. Entity Name

Kicks & Thredz, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6203-C W SAND LAKE RD

Suite, Apt. #, etc.

3. Mailing Address

6203-C W SAND LAKE RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3581881

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

32819

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSEPHS, KURT A

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

6203-C W SAND LAKE RD

City

ORLANDO

FL

Zip Code

32819

**DO NOT WRITE
IN THIS SPACE**

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 fee application

(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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **PSTB**
NAME **JOSEPHS, KURT A**
STREET ADDRESS **6203-C W SAND LAKE RD**
CITY- ST- ZIP **ORLANDO FL 32819**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **VP**
NAME **JOSEPHS, ELEANOR**
STREET ADDRESS **6203-C W SAND LAKE RD**
CITY- ST- ZIP **ORLANDO FL 32819**

TITLE
NAME
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CITY- ST- ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

E. Josephs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 407-363-1427

DATE

Telephone #

CR2E034B (12/01)