

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072732

1. Entity Name

KIRKPLAN KITCHENS OF SARASOTA, INC

Principal Place of Business

6624 GATEWAY AVE.
SARASOTA FL 34231

Mailing Address

6624 GATEWAY AVE.
SARASOTA FL 34231

2. Principal Place of Business

1575 CATTLEMAN RD

Suite, Apt. #, etc.

#12

3. Mailing Address

1575 CATTLEMAN RD

Suite, Apt. #, etc.

#12

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34232

Country

USA

Zip

34232

Country

USA

6. Name and Address of Current Registered Agent

LEWIS, KURT F

6624 GATEWAY AVE.
SARASOTA FL 34231

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEWIS, KURT F
6624 GATEWAY AVE.
SARASOTA FL 34231 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BRIAN JACKSON
5631 BENT OAK DRIVE.
SARASOTA FL 34232 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
IAN GAZLE
980 EAST GONDOLA DRIVE
VENICE FL 34293 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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

B. JACKSON

4/25/01

941-341-0401

Date Daytime Phone #

CR2E034 (10/00)

0408809

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90147 004 ***150.00

BUU44846



DO NOT WRITE IN THIS SPACE