

# 2001 UNIFORM BUSINESS REPORT (UBR)

0081835

DOCUMENT # P99000075548

1. Entity Name

KITCHEN APPLIANCE TEXTILES, INC.

FILED

01 MAY -1 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1275 S. PATRICK DRIVE

P.O. BOX 372983

N-1

SATELLITE BEACH FL 32937

SATELLITE BEACH FL 32937

2. Principal Place of Business

1301 S. PATRICK DR., #1

3. Mailing Address

PO BOX 372983

Suite, Apt. #, etc.

SUITE 60

Suite, Apt. #, etc.

5

City & State

SATELLITE BEACH, FL

City & State

SATELLITE BCH, FL

Zip

32937

Country

USA

Zip

32937

Country

USA

4. FEI Number

59-3604596

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

REID, KATHRINE

1225 S. PATRICK DRIVE

STE. N-1

SATELLITE BEACH FL 32937

Name

REID, KATHRINE

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

240 BONNIE COURT

5

City

SATELLITE BEACH

FL

Zip

32937

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 date if applicable.

KATHRINE REID, OWNER

30 APRIL 2001

(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<br>NAME  | OP<br>REID, KATHRINE          | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 1275 S. PATRICK DRIVE STE N-1 |                                            |
| CITY-ST-ZIP    | SATELLITE BEACH FL 32937      |                                            |
| TITLE<br>NAME  |                               | <input type="checkbox"/> Delete            |
| STREET ADDRESS |                               |                                            |
| CITY-ST-ZIP    |                               |                                            |
| TITLE<br>NAME  |                               | <input type="checkbox"/> Delete            |
| STREET ADDRESS |                               |                                            |
| CITY-ST-ZIP    |                               |                                            |
| TITLE<br>NAME  |                               | <input type="checkbox"/> Delete            |
| STREET ADDRESS |                               |                                            |
| CITY-ST-ZIP    |                               |                                            |
| TITLE<br>NAME  |                               | <input type="checkbox"/> Delete            |
| STREET ADDRESS |                               |                                            |
| CITY-ST-ZIP    |                               |                                            |
| TITLE<br>NAME  |                               | <input type="checkbox"/> Delete            |
| STREET ADDRESS |                               |                                            |
| CITY-ST-ZIP    |                               |                                            |

|                |                                  |                                                                              |
|----------------|----------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME  | OP<br>REID, KATHRINE             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 1301 S PATRICK DR, PO BOX 372983 |                                                                              |
| CITY-ST-ZIP    | SATELLITE BEACH, FL 32937        |                                                                              |
| TITLE<br>NAME  |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                  |                                                                              |
| CITY-ST-ZIP    |                                  |                                                                              |
| TITLE<br>NAME  |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                  |                                                                              |
| CITY-ST-ZIP    |                                  |                                                                              |
| TITLE<br>NAME  |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                  |                                                                              |
| CITY-ST-ZIP    |                                  |                                                                              |
| TITLE<br>NAME  |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                  |                                                                              |
| CITY-ST-ZIP    |                                  |                                                                              |

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\*\*\*\*150.00 \*\*\*\*150.00

MPL

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

30 APRIL 2001

Date

321 773-2709

Daytime Phone #

CR2E034 (10/00)