

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90117 003 \*\*\*150.00

**DOCUMENT # P99000075994**

1. Entity/Name  
**IT MAKES CENTS, INC.**



Principal Place of Business  
**4941 FORESTRY CT  
NEW PORT RICHEY FL 34652**

Mailing Address  
**4941 FORESTRY CT  
NEW PORT RICHEY FL 34652**



2. Principal Place of Business

**4941 Forestry CT**  
Suite, Apt. #, etc.

3. Mailing Address

**Same**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**New Port Richey**

City & State

**FL**

4. FEI Number **59-3592694**

Applied For  
Not Applicable

Zip  
**34652**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BATES, CHRISTINE L  
801 E ROSERY  
LARGO FL 33760  
Delete**

**Rebecca Osborne  
1018 West Bay Drive  
Largo, FL 33770**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Rebecca Osborne*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete  
NAME **KIMMY, LISA-MICHELLE Kimmel**  
STREET ADDRESS **4941 FORESTRY CT**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **Vice President** ☐ Delete  
NAME **Michael Whaley** **FL 34652**  
STREET ADDRESS **4941 Forestry CT, New Port Richey**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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.

SIGNATURE

*Kimmy, Lisa-Michelle Kimmel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael Whaley* **1-4-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)