

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90036 029 ***150.00

DOCUMENT # ~~W99000019937~~

1. Entity Name

Keep It Simple Sweetheart U.S.A. Corp. ✓
P99000078579

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2319 Bethune Av.
Suite, Apt. #, etc.
Jacksonville, Florida
City & State

2319 Bethune Av.
Suite, Apt. #, etc.
Jacksonville, Florida
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3599213

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Mark A. Chestnut

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

2319 Bethune Av.

City

Jacksonville

FL

Zip Code

32207

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

Mark A. Chestnut

Mark A. Chestnut President

4/26/02

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

(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
NAME
STREET ADDRESS
CITY - ST - ZIP
Mark A. Chestnut
2319 Bethune Av.
Jacksonville Florida 32207

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
Jeannie M. Quinn
3501 Townsend Av. #164
Jacksonville Florida 32211

TITLE
NAME
STREET ADDRESS
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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:

Mark A. Chestnut

4/26/02 1-904-887-1802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)