

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S01161

1. Entity Name

KINGSFIELD, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90149 033 \*\*\*150.00

Principal Place of Business

1160 KANE CONCOURSE  
BAY HARBOUR FL 33154  
US

Mailing Address

C/O NAPIC REALTY, INC.  
140 INTRACOASTAL POINTE DR., SUITE 212  
JUPITER FL 33477-5064  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

C/O SMOLIN, LUPIN, COLE & CO. LLC, 140 Intracoastal

Suite, Apt. #, etc. Pointe Dr.  
Suite 305

City & State  
Jupiter, FL

Zip  
33477

Country  
PALM BEACH

4. FEI Number

59-2146668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GIBBONS, DAVID H  
NAPIC REALTY, INC.  
140 INTRACOASTAL POINTE DR., SUITE 212  
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name THOMAS D. COLE

Street Address (P.O. Box Number is Not Acceptable)  
C/O SMOLIN, LUPIN, COLE & CO., L.L.C.

140 INTRACOASTAL POINTE DR., SUITE 305

City JUPITER

FL

Zip Code  
33477

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

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, 2000 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 PD  
NAME FRISCHEN, GERDA  
STREET ADDRESS C.P. 222 CH 6976  
CITY-ST-ZIP JUPITER PL 33477 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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  
CITY-ST-ZIP

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

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

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

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

Date

Daytime Phone #