

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

DOCUMENT # **S02831**

1. Entity Name

KINDA-SORTA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1860 NORTHVIEW RD

Suite, Apt. #, etc.

3. Mailing Address

1860 NORTHVIEW RD

Suite, Apt. #, etc.

City & State

LARGO FL

Zip

33770

Country

US

City & State

LARGO FL

Zip

33770

Country

US

4. FEI Number

59-3031060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAROTZ, EDWARD J

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

1860 NORTHVIEW ROAD

City

LARGO

FL

Zip Code

33770

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

EDWARD J. JAROTZ

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

(NOTE: Registered Agent signature is required when reinstating)

5/21/2002

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
**DP
JAROTZ, CAROLYN J
1860 NORTHVIEW ROAD
LARGO FL 33770**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
JAROTZ, EDWARD J.
1860 NORTHVIEW ROAD
LARGO FL 33770**

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

SIGNATURE

EDWARD J. JAROTZ DVT

5/21/2002 727-596-1609

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 an office, like empowered.

FILED

02 MAY 23 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***150.00 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)