

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90010 039 \*\*\*150.00

**DOCUMENT # 692488**

1. Entity Name

**KEN INDUSTRIAL SALES, INC.**

Principal Place of Business

Mailing Address

~~603 N PINE HILLS RD PO BOX 585888  
 % KENNETH NICCUM  
 ORLANDO FL 32808~~

~~603 N PINE HILLS RD PO BOX 585888  
 % KENNETH NICCUM  
 ORLANDO FL 32703-4274~~

2. Principal Place of Business

3. Mailing Address

130-C So. Park Avenue  
 Suite, Apt. #, etc.

P.O. Box 929  
 Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Apopka, FL

4. FEI Number

**59-2120969**

Applied For

Not Applicable

Zip

Country

32703

USA

Zip

Country

32704

USA

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

**NICCUM, KENNETH**

~~603 NORTH PINE HILLS ROAD  
 ORLANDO FL 32808~~

130-C So. Park Ave  
Apopka, FL 32703

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.

SIGNATURE

KENNETH NICCUM-CEO

*Kenneth Niccum*

4-28-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **P**  
 STREET ADDRESS **BURKHALTER CHERYL**  
 CITY-ST-ZIP **224 W SIMON AVE**  
**APOPKA FL 32712**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP**  
 STREET ADDRESS **NICCUM, BRADLEY**  
 CITY-ST-ZIP **1119 CARBONE WAY**  
**APOPKA FL 32703**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME ~~**BRUEGGER, BRANDI**~~  
 STREET ADDRESS ~~**224 W SIMON AVE**~~  
 CITY-ST-ZIP ~~**APOPKA FL 32712**~~

TITLE  Change  Addition  
 NAME **ST**  
 STREET ADDRESS **Madeline Niccum**  
 CITY-ST-ZIP **528 Pine St. (P.O. Box 176)**  
**angerine, FL 32777**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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:

KENNETH NICCUM-CEO

*Kenneth Niccum*

4-28-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)