

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K89544

1. Entity Name

KUBAL - FURR & ASSOCIATES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90080 034 ***150.00

Principal Place of Business

7819 NORTH DALE MABRY HWY
SUITE 200
TAMPA FL 33614
US

Mailing Address

%JERRY E. KUBAL
P.O. BOX 273210
TAMPA FL 33688-3210

2. Principal Place of Business

3802 EHRLICH ROAD

3. Mailing Address

Suite, Apt. #, etc.

SUITE 108

City & State

TAMPA, FL

City & State

Zip

33624

Country

Zip

Country

4. FEI Number

59-2989146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KUBAL, JERRY E.
14801 DUNSTAN PLACE
TAMPA FL 33618

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.

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 DP
NAME KUBAL, JERRY E.
STREET ADDRESS 14801 DUNSTAN PLACE
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE DV
NAME FURR, JAMES E.
STREET ADDRESS 313 DEER SPRING LANE
CITY-ST-ZIP SIMPSONVILLE SC

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

JERRY E. KUBAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00
Date

813/265-2338
Daytime Phone #

CR2E034 (9/99)