

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90035 018 ****61.25

DOCUMENT # N01445

1. Entity Name

K C T, INC.

Principal Place of Business

Mailing Address

201 S KINGS AVE.
 BRANDON FL 33509-1362
 US

P.O. BOX 1662
 BRANDON FL 33509-1662
 US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

609 S. Kings Ave

Suite, Apt. #, etc.

City & State
Brandon, FL

City & State

4. FEI Number

59-2380884

Applied For

Not Applicable

Zip
33511

Country
USA

Zip

Country

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

RODRIGUEZ, MITCHELL
210 BRYAN OAK AVE.
BRANDON FL 33511

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: Mitch Rodriguez (address change only)

3-8-2000

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FONTE, TINA 605 BAINBRIDGE DRIVE BRANDON FL 33511	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCBURNEY, KATHY 508 OLE PLANTATION DRIVE BRANDON FL 33511	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WINFIELD-MOYER, JANET 8010 BULLARA DRIVE TAMPA FL 33637	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO RODRIGUEZ, MITCHELL 210 BRYAN OAK AVE. BRANDON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOYER-WINFIELD, JANET 8010 BULLARA DR. TAMPA, FL 33637	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FULTON, CATHERINE 607 ST. HENRY DR. BRANDON, FL 33511	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERSON, CARL 601 LYNCHBURG DR. BRANDON, FL 33511	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STURM, JODANNE 606 BAINBRIDGE DR. BRANDON, FL 33511	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Winfield Moyer

3-08-00

813-930-0645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)