

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90005 017 ****61.25

DOCUMENT # N01445

1. Entity Name

K C T, INC.

Principal Place of Business

609 S. KINGS AVE
 BRANDON FL 33511
 US

Mailing Address

P.O. BOX 1662
 BRANDON FL 33509
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

clo Vanguard
9300 N. 16th St
Tampa, FL
33612 Hills

4. FEI Number

59-2380884

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

A0034334



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODRIGUEZ, MITCHELL
 210 BRYAN OAK AVE.
 BRANDON FL 33511

7. Name and Address of New Registered Agent

Name **Vanguard Management**
 Street Address (P.O. Box Number is Not Acceptable)
9300 N. 16th St.
 City **Tampa** FL Zip Code **33612**

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

Janet S. Moyer

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

(NOTE: Registered Agent signature required when reinstating)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gail Kelly 604 Bainbridge Dr. Brandon, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tina Fonte 605 Bainbridge Dr Brandon FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROJAS, I Bis 609 CHIPPENHAM DR. BRANDON, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 STURM, JOANNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUGH, MARK 502 OLE PLANTATION DR BRANDON, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BENFORD, JILL 601 CHIPPENHAM DR. BRANDON, FL 33511	<input type="checkbox"/> Change <input checked="" 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 S. Moyer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-930-8036

Daytime Phone #

CR2E037 (10/00)