

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90996 026 ***150.00

DOCUMENT # P00000073821

1. Entity Name

KFBPAB, INC. ✓

Principal Place of Business

Mailing Address

10415 Brushfield St.
 Riverview, FL 33569

3355 W. Bearss Ave.
 Tampa, FL 33618

UUUUUUUU

2. Principal Place of Business

3. Mailing Address

10415 Brushfield St.
 Suite, Apt. #, etc.

3355 W. Bearss Ave.
 Suite, Apt. #, etc.

-DO NOT WRITE IN THIS SPACE

City & State

City & State

Riverview, FL

Tampa, FL

4. FEI Number

Applied For

59-3662156

Not Applicable

Zip

Country

Zip

Country

33569

US

33618

US

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

Walter Sanders
 3355 W. Bearss Ave.
 Tampa, FL 33618

Name Sanders, Walter
 Street Address (P.O. Box Number is Not Acceptable) 3355 W. Bearss Ave
 City Tampa FL Zip Code 33618

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 Walter Sanders Walter Sanders DATE 4/19/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME	Binder, Kenneth	<input type="checkbox"/> Delete
STREET ADDRESS	10415 Brushfield St.	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE NAME	Binder, Patricia Ann	<input type="checkbox"/> Delete
STREET ADDRESS	10415 Brushfield St.	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X Kenneth F. Binder DATE 4/21/01 DAYTIME PHONE # (813) 672-2763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)