2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
02-05-2001 90023 036 ***150.00

DOCUMENT # P93000058090

1. Entity Name
K.B. AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2401 WEST BAY DRIVE SUITE 424 LARGO FL 34640	2401 WEST BAY DRIVE SUITE 424 LARGO FL 34640

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1553 Brookside Blvd	1553 Brookside Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Largo, Florida	City & State: Largo, Florida
Zip: 33770 Country: USA	Zip: 33770 Country: USA

4. FEI Number 59-3225656 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, KIMBERLY B
1553 BROOKSIDE BLVD.
LARGO FL 34640

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1553 Brookside Blvd.

City Largo FL Zip Code 33770

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 ______________________ DATE
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 STREET ADDRESS CITY-ST-ZIP	D CLARK, KIMBERLY B 2401 WEST BAY DR SUITE 424 LARGO FL 34640 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1553 Brookside Blvd. Largo, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Kimberly B. Clark — January 30, 2001 — 727-584-0759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #