2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State
03-13-2000 90028 041 ***150.00

DOCUMENT # P96000003767

1. Entity Name

KENNETH R. FOUNTAIN, P.A.

Principal Place of Business	Mailing Address
8855 NAVARNE PARKWAY NAVARRE FL 32566 US	8855 NAVARNE PARKWAY NAVARRE FL 32566 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8855 NAVARRE PKWY	8855 NAVARRE PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAVARRE, FL	City & State: NAVARRE FL
Zip: 32566 Country: USA	Zip: 32566 Country: USA

4. FEI Number 65-0698075 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOUNTAIN, KENNETH R
8851 NAVARRE PKWY
NAVARRE FL 32566

7. Name and Address of New Registered Agent

Name: KENNETH R. FOUNTAIN
Street Address (P.O. Box Number is Not Acceptable): 8855 NAVARRE PARKWAY
City: NAVARRE FL Zip Code 32566

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] 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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOUNTAIN, KENNETH R 8851 NAVARRE PKWY NAVARRE FL 32566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOUNTAIN, KENNETH R. 8855 NAVARRE PKWY NAVARRE, FL 32566	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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: [signature] 3/1/00 850-939-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #