

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90401 001 \*\*\*150.00

0561461

**DOCUMENT # P99000069120**

1. Entity Name  
**KIMJOE CORPORATION**

|   |   |
|---|---|
| Principal Place of Business<br>3211 ORANGE AVENUE<br>FORT PIERCE FL 34947 | Mailing Address<br>3211 ORANGE AVENUE<br>FORT PIERCE FL 34947 |
|---|---|

**00056803**



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>2001 BRINSON ROAD UNIT 510<br>Suite, Apt. #, etc. |
|---|---|

|              |                                 |                             |                               |
|--------------|---------------------------------|-----------------------------|-------------------------------|
| City & State | City & State<br>LUTZ, FL. 33549 | 4. FEI Number<br>65-0938976 | Applied For<br>Not Applicable |
|--------------|---------------------------------|-----------------------------|-------------------------------|

|     |         |     |         |   |                                |
|-----|---------|-----|---------|---|--------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----|---------|-----|---------|---|--------------------------------|

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>SOTTINI, JOSEPH</b><br>3211 ORANGE AVENUE<br>FORT PIERCE FL 34947 |  | 7. Name and Address of New Registered Agent<br>Name <b>JOSEPH SOTTINI</b><br>Street Address (P.O. Box Number is Not Acceptable)<br>2001 BRINSON ROAD UNIT 510<br>City <b>LUTZ</b> <b>FL</b> Zip Code <b>33549</b> |  |
|---|--|---|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|  |   |   |                                    |
|--|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS   |                                      | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                        |  |
|--|--------------------------------------|--|--|
| TITLE NAME<br>D <b>SOTTINI, JOSEPH</b> <input type="checkbox"/> Delete | STREET ADDRESS<br>3211 ORANGE AVENUE | TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS<br>2001 BRINSON ROAD UNIT 510 |
| CITY-ST-ZIP<br>FORT PIERCE FL 34947                                    |                                      | CITY-ST-ZIP  | LUTZ, FL. 33549                              |
| TITLE NAME <input type="checkbox"/> Delete                             |                                      | TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS   |                                      | STREET ADDRESS   |  |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP  |  |
| TITLE NAME <input type="checkbox"/> Delete                             |                                      | TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS   |                                      | STREET ADDRESS   |  |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP  |  |
| TITLE NAME <input type="checkbox"/> Delete                             |                                      | TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS   |                                      | STREET ADDRESS   |  |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP  |  |
| TITLE NAME <input type="checkbox"/> Delete                             |                                      | TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS   |                                      | STREET ADDRESS   |  |
| CITY-ST-ZIP  |                                      | 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** *Joseph Sottini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)