

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093684

1. Entity Name

KCD PRIMITIVES, INC.

FILED

Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90038 021 \*\*\*150.00

Principal Place of Business

Mailing Address

1110 N. US HWY 1  
COCOA FL 32927  
US

P.O. BOX 614  
SHARPES FL 32923-0038  
US

2. Principal Place of Business

415 MAIN ST

3. Mailing Address

PO Box 38

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOA, FL

City & State

COCOA, FL

4. FEI Number

59-3357547

Applied For

Not Applicable

Zip

32922

Country

USA

Zip

Country

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

DETWILER, KENNETH C  
4110 N. US HIGHWAY 1  
COCOA FL 32927

Name: Detwiler, Kenneth C.

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

415 MAIN ST

City

COCOA

FL

Zip Code

32922

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D ☐ Delete  
NAME DETWILER, KENNETH C  
STREET ADDRESS 27 WESTVIEW LANE  
CITY-ST-ZIP COCOA FL 32931

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DETWILER, DEBORAH C Q  
STREET ADDRESS 27 WESTVIEW LANE  
CITY-ST-ZIP COCOA FL 32931

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth C. Detwiler 1/4/00 321-672-4182