

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90129 013 ***150.00

DOCUMENT #

1. Entity Name

KPSL.COM, INC.

Principal Place of Business

107900 Overseas Hwy.
Key Largo, FL 33037

Mailing Address

107900 Overseas Hwy.
Key Largo, FL 33037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0955872

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Spiegel & Utrera, P.A.
343 Almeria Avenue
Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name Det H. JOKS, P.A.

Street Address (P.O. Box Number is Not Acceptable)
10689 N. Kendall Drive

Suite 310

City

Miami

FL

Zip Code

33176

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

Det H. JOKS, Pres.

4-10-2000

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

TITLE PD ☐ Delete

NAME Susan LeBlanc
STREET ADDRESS 107900 Overseas Hwy.
CITY-ST-ZIP Key Largo, FL 33037

TITLE STD ☐ Delete

NAME Ken A. Papineau
STREET ADDRESS 107900 Overseas Hwy.
CITY-ST-ZIP Key Largo, FL 33037

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

Susan LeBlanc, President
SUSAN LeBLANC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-4-2000

Daytime Phone #

305-451-1133

CR2E034 (9/99)