2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093068

FILED
Jun 05, 2000 8:00 am
Secretary of State
06-05-2000 90716 007 ***150.00

1. Entity Name

KIMCOR, INC.

Principal Place of Business	Mailing Address
5908 N. ARMENIA AVE., STE. 200 TAMPA FL 33603 US	5908 N ARMENIA AVE SUITE 200 TAMPA FL 33603-1024 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. BOX 24131	P.O. BOX 24131
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL ~~33623~~	City & State: TAMPA FL.
Zip: 33623 Country: USA	Zip: 33623 Country: USA

4. FEI Number 75-2732938 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LLAUGET, KIMBERLY L
~~5908 N ARMENIA AVE., STE 200~~ 4302 GUNN HWY
~~TAMPA FL 33603.~~ TAMPA, FL 33624

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 NAME STREET ADDRESS CITY-ST-ZIP	~~DVST~~ LLAUGET, KIMBERLY L ~~5908 N ARMENIA AVE, STE 200~~ ~~TAMPA FL 33603~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST P.O. BOX 24131 TAMPA FL 33623 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~P~~ LLAUGET, REMIGIO ~~5908 N ARMENIA AVE, STE 200~~ ~~TAMPA FL 33603~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P.O. BOX 24131 TAMPA FL 33623 ☒ Change ☐ Addition
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CR2E034 (9/99)

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] 4-28-00 813-877-7155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #