## 2002 UNIFORM BUSINESS REPORT (UBR)

NAME

STREET ADDRESS

SIGNATURE:

## Jan 10, 2002 8:00 am **DOCUMENT #** P93000043400 **Secretary of State** 1. Entity Name K.R.C. CONSTRUCTION, INC. 01-10-2002 90017 048 \*\*\*150.00 Principal Place of Business Mailing Address 3553 GEEKER ST 3553 GEEKER ST HUUUTIOM PENSACOLA FL 32514 PENSACOLA FL 32514 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3190113 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOK, KAY R Street Address (P.O. Box Number is Not Acceptable) 3553 GEEKER ST PENSACOLA FL 32514 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) TITLE TITLE ☐ Delete ☐ Change LARSEN, DON R NAME NAME **5753 WICKFORD LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32526 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition COOK, WILLIS M III NAME NAME STREET ADDRESS 301 E. BURGESS ROAD #B-1 STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL. 32504. CITY-ST-7IP **PVST** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME COOK, KAY R NAME STREET ADDRESS 3553 GEEKER ST STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32514 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

NAME

13. I hereby certify that the information supplied with this filling 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 impowered.

STREET ADDRESS CITY-ST-ZIP FILED

850)477-2025