

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 320283

1. Entity Name

BILL KOFOED, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90303 041 ***150.00

Principal Place of Business

Mailing Address

3609 S. INDIAN RIVER DR.
FT. PIERCE FL 34982
US

3609 S. INDIAN RIVER DR.
FT. PIERCE FL 34982-7763
US

2. Principal Place of Business

3. Mailing Address

105 N. 2nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT PIERCE, FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

34950

St. Lucie

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

KOFOED, WILLIAM (BILL)
3609 S. INDIAN RIVER DR.
FT. PIERCE FL 34982

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)

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KOFOED, JOANN	
STREET ADDRESS	3609 S. INDIAN RIVER DR	
CITY-ST-ZIP	FT. PIERCE FL 34-9825	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KOFOED, WILLIAM	
STREET ADDRESS	3609 S. INDIAN RIVER DR.	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	GRIMES, SUSAN	
STREET ADDRESS	2800 TALL PINES ST.	
CITY-ST-ZIP	FT. PIERCE FL 34945	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres, VP & ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN. 10, 2000 561) 468-7355

CR2E034 (9/99)