

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 453764

1. Entity Name

K.M.T., INC.

Principal Place of Business

Mailing Address

7103 HWY 77
SOUTHPORT FL 32409
US

P.O. BOX 69
LYNN HAVEN FL 32444-0069
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CHATONEY, BILL
7103 HWY 77
SOUTHPORT FL 32409

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

TITLE	V	<input type="checkbox"/> Delete
NAME	CHATONEY, MICHAEL	
STREET ADDRESS	BUCHANAN STREET	
CITY-ST-ZIP	SOUTHPORT FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CHATONEY, ELIZABETH D	
STREET ADDRESS	BUCHANAN STREET	
CITY-ST-ZIP	SOUTHPORT FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	CHATONEY, BILL	
STREET ADDRESS	GRASSY POINT RD	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHATONEY, BILLIE K	
STREET ADDRESS	GRASSY POINT RD	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 #

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90007 039 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1533588

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

1-25-2000

850-265-2117