

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90074 036 ***150.00

DOCUMENT # 509256

1. Entity Name
THE KANE GROUP, INC.

Principal Place of Business 13902 W HILLSBOUROUGH AVE TAMPA FL 33635 US	Mailing Address 13902 W HILLSBOUROUGH AVE TAMPA FL 33635-9656 US
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2. Principal Place of Business <i>13962 W. HILLSBOUROUGH AVE</i>	3. Mailing Address <i>13962 W. HILLSBOUROUGH AVE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>TAMPA, FL</i>	City & State <i>TAMPA, FL</i>
Zip <i>33635-9656</i>	Zip <i>33635-9656</i>
Country <i>US</i>	Country <i>US</i>



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1696930	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~KANE, SHEL
 13902 W HILLSBOUROUGH AVE
 TAMPA FL 33635~~

7. Name and Address of New Registered Agent
 Name *KANE FRANCETTE*
 Street Address (P.O. Box Number is Not Acceptable)
13962 W. HILLSBOROUGH AVE
 City *TAMPA* FL *33635*

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 *Francette Kane* DATE *1/25/2000*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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 NAME STREET ADDRESS CITY-ST-ZIP	PD KANE, SHELDON I. 13902 W HILLSBOUROUGH AVE TAMPA FL 33635 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KANE, JERRALD 13902 W HILLSBOUROUGH AVE TAMPA FL 33635 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANCETTE KANE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13962 W. HILLSBOROUGH AVE TAMPA FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALES <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ELIZABETH RIVIERE 13962 W. HILLSBOROUGH AVE TAMPA FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Francette Kane* DATE *1/25/2000* DAYTIME PHONE # *813/818-9627*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)