

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90534 010 ***150.00

DOCUMENT # 509256

1. Entity Name
THE KANE GROUP, INC.

Principal Place of Business
13962
13962 W HILLSBOUROUGH AVE
TAMPA FL 33635-9656
US

Mailing Address
13962
13962 W HILLSBOUROUGH AVE
TAMPA FL 33635-9656
US

00024630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13962 W. Hillsborough Ave
 Suite, Apt. #, etc.

3. Mailing Address
13962 W. Hillsborough Ave
 Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number **59-1696930**

Applied For
 Not Applicable

Zip **33635**

Country **Hills.**

Zip **33635**

Country **Hills.**

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

FRANCETTE, KANE
13962 W HILLSBOUROUGH AVE
TAMPA FL 33635

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 _____ DATE _____
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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	KANE, FRANCETTE	
STREET ADDRESS	13962 W HILLSBOUROUGH AVE	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BIVIERE, ELIZABETH	
STREET ADDRESS	13962 W HILLSBOUROUGH AVE	
CITY-ST-ZIP	TAMPA FL 33635	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13962 W Hillsborough Ave	
STREET ADDRESS	TAMPA, FL 33635	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13962 W. Hillsborough Ave	
STREET ADDRESS	TAMPA FL 33635	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: Francette Kane Date: 02/02/01 Daytime Phone #: 727-786-2015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)