

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90041 045 ***158.75

DOCUMENT # 536957

1. Entity Name

KISMET CORPORATION OF GAINESVILLE

Principal Place of Business

**14021 N.W. US HWY 441
 ALACHUA FL 32615**

Mailing Address

**14021 N.W. US HWY 441
 ALACHUA FL 32615**

00004500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1746174

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHESBOROUGH, LOWELL D
 3705 SW 42ND PLACE
 GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

Name **Lowell D Chesborough**
 Street Address (P.O. Box Number is Not Acceptable)
14021 NW US HWY 441
 City **Alachua** **FL** Zip Code **32615**

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)

6/1/02 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, 2002 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 **PDS** ☐ Delete
 NAME **CHESBOROUGH, LOWELL D**
 STREET ADDRESS **3705 SW 42ND PLACE**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **PDS** ☒ Change ☐ Addition
 NAME **Lowell D Chesborough**
 STREET ADDRESS **14021 NW US HWY 441**
 CITY-ST-ZIP **Alachua FL 32615**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/02 DATE

386-462-4977 Daytime Phone #

CR2E034 (9/01)